

BID FORM

RFP NUMBER & NAME:	2021-004789 Wiegand Hall Pilot Plant Window Replacemen	<u>nt</u>
BID DUE DATE AND TIME:	(fill in)	
FROM:	<i>()</i>	
(Name of Contractor)		
TO: Oregon State Universit Construction Contracts 644 SW 13th St. Corvallis, Oregon 9733	s Administration	
	roposes to furnish all material and labor and perform all win strict accordance with the Contract Documents for the Base	
	Dollars (\$)
	be bound by the documents either contained in or incorpora id and ADDENDA numbered through, inclusive. (fill	•
2. The work shall be complete the Specifications.	ed within the time stipulated and specified in Division 1, Secti	on 01 11 00, o
without collusion with and with with any other vendor of mate designed to limit independent communicated by the Undersign	nat: (1) This Bid has been arrived at independently and is being nout any agreement, understanding, or planned common courials, supplies, equipment or services described in the invitation bidding or competition; and (2) The contents of the Bid have agreed or its employees or agents to any person not an employer any Bid security furnished with the Bid and will not be completed to pening of the Bid.	on to bid not been ee or agent of
	awarded a contract, to comply with the provisions of ORS 279 ment of the prevailing wages.	C.800 through
Bid, Contractor must be license 701.021 to 701.128, and disclo	mber is As a condition to ed with the Oregon Construction Contractors Board in accordance the license number. Failure to be licensed and disclose the licensed and disclose the licensed and disclose the licensed and licensed and licensed and licensed and licensed law.	ance with ORS
•	that all subcontractors who perform construction work as des ne Construction Contractors Board in accordance with ORS 70 submitted.	
7 Contractor's Project Manage	er for this project is:	

Wiegand Hall Pilot Plant Window Replacement

Email:	Cell Phone:	.
Bond and Payment	Bond, each in an amount equal to	to deliver to Owner, a satisfactory Performance one hundred (100) percent of the Contract sum, ested to issue the Performance Bond and Payment
name of surety co	empany - not insurance agency)	
_		ny to disclose any information to the Owner mance Bond and Payment Bond each in the amount
By signature below	, Contractor agrees to be bound by	this Bid.
	NAME OF FIRM:	
	ADDRESS:	
	FEDERAL TAX ID:	
	TELEPHONE NO:	
	SIGNATURE:	Authorized Signature
		Printed Name

**** END OF BID ****

BID FORM (REVISED AS OF 7.1.2019)