

Procurement Office  
Harford Community College  
401 Thomas Run Road  
Bel Air Maryland 21015

**IFB 18B-004 FOREST HILL CENTER BUILDING ROOF REPLACEMENT- CORRECTED**

All bids must be fully and properly executed, securely sealed, and marked with the number and title of the bid. Envelopes shall be addressed to the Procurement Department at the address above (See Instructions to Bidders).

Bids must be received in the Procurement Office located in the Hickory Center building, Room 132, at the College not later than the public opening scheduled for **1:30 p.m. Tuesday, May 1, 2018; late bids will not be accepted.**

To be considered responsive, each bid submitted must, at a minimum, include the following documents:

1. Bid form, completed and sign;
2. Non-Collusion Certificate, completed and signed;
3. References on the form provided;
4. Company profile of contractor, paragraph 9.0 page 15;
5. Company profile of any subcontractor(s), paragraph 10 page 15

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BID OF: \_\_\_\_\_ DATE \_\_\_\_\_  
(Firm Name)

In accordance with the foregoing Instructions, General and Supplementary Terms and Conditions, and Specifications, including Addenda No. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ thereto, I/we submit the following for evaluation:

1. LUMP SUM PRICE  
1.1 Provide labor, supervision, materials, insurance and equipment to replace mansard roof as specified in the specifications and drawings described herein.  
\_\_\_\_\_ DOLLARS \$ \_\_\_\_\_  
(Figures)
2. UNIT PRICES  
2.1 Replace damaged plywood \$ \_\_\_\_\_ sqft
3. TIME OF COMPLETION:  
Bidders shall confirm that work shall be complete by August 15, 2018, provided that an award is made by June 13, 2018. \_\_\_\_\_ (Initial Here)
4. EXECUTION: The undersigned, duly authorized to bind the named firm, agrees, upon receipt of written notice of acceptance of this bid within sixty (60) calendar days after its opening, to execute the contract in accordance with the bid as accepted, and to render and a certificate of insurance within ten (10) calendar days after notification of award.

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Title

\_\_\_\_\_

Telephone

\_\_\_\_\_

Email

If a corporation, place corporate seal beside signature above and state:

Name of president: \_\_\_\_\_

Name of secretary: \_\_\_\_\_

Under laws of what state incorporated: \_\_\_\_\_

Minority Business Certification: (Please check one)

MBE     WBE     Not applicable