

# SEALED BID

Project: Wall Creek Fish Barrier Project

MT FWP Number: 21-18

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Dept. of Labor & Industry Cert. of Reg.#. \_\_\_\_\_

Acknowledges Addendum No.: \_\_\_\_\_

Kevin McDonnell, Project Manager

Montana Fish, Wildlife and Parks

Design and Construction

1522 Ninth Avenue

P.O. Box 200701

Helena, Montana 59620-0701

# PROPOSAL

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**FWP# 21-18**

**Montana Fish, Wildlife & Parks  
Design and Construction  
PO Box 200701  
1522 Ninth Avenue  
Helena, Montana 59620-0701**

The undersigned, having familiarized himself with the conditions of the work and the contract documents as prepared by **Matt Barnes, PE, CFM Morrison-Maierle 1 Engineering Place Helena, MT 59604** agrees to furnish all labor, materials, equipment, and services necessary to complete all general construction work, as bid herein, for a project entitled **Wall Creek Fish Barrier Project, FWP # 21-18** in accordance with the Contract Documents including all Addenda. The bidder agrees to perform all the work described below at the price shown as follows:

**Reminder To Contractors: All Unit Prices must be filled in on the Bid Form for a valid bid (18-2-303 MCA).**

## Base Bid:

Item #	Description	Estimated Quantity	Unit Measure	Unit Price	Amount
1	Mobilization / Demobilization	1	Lump Sum		\$
2	Clearing and Grubbing	1	Lump Sum		
3	Water Management	1	Lump Sum		
4	Structure Construction	1	Lump Sum		
5	Final Grading and Site Revegetation	1	Lump Sum		
TOTAL:					\$

**BASE BID:** \_\_\_\_\_

\_\_\_\_\_ AND \_\_\_\_\_ /100 DOLLARS (\$ \_\_\_\_\_).

And certifies that he is a duly and regularly licensed contractor registered with the Montana Department of Labor and Industry:

Contractor Name: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX#: \_\_\_\_\_

BY: \_\_\_\_\_

REGISTRATION # : \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

This bidder acknowledges receipt of the following addenda:

ADDENDUM NO. \_\_\_\_\_ DATED \_\_\_\_\_

ADDENDUM NO. \_\_\_\_\_ DATED \_\_\_\_\_

ADDENDUM NO. \_\_\_\_\_ DATED \_\_\_\_\_

Contractor Name: \_\_\_\_\_