

SEALED BID

Project: **Granite State Park Re-roof**

MT FWP Number: **7216323**

Name of Contractor: _____

Address: _____

Dept. of Labor & Industry Cert. of Reg.#. _____

Acknowledges Addendum No.: _____

Kevin Harrington, Project Manager
Montana Fish, Wildlife and Parks
Design and Construction
1522 Ninth Avenue
P.O. Box 200701
Helena, Montana 59620-0701

PROPOSAL

FWP# 7216323

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 Kevin Harrington, Project Manager, Montana Fish, Wildlife and Parks, Design and Construction Division; P.O. Box 200701 Helena, Montana 59620-0701; Phone (406) 841-4002, agrees to furnish all labor, materials, equipment, and services necessary to complete all general construction work, as bid herein, for a project entitled Granite State Park Superintendents House Re-roof 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: Granite State Park Superintendents House re-roof

Item #	Description	Estimated Quantity	Unit Measure	Unit Price	Amount
1	Mobilization	1	LS		
2	Existing roof tear off and cedar shingle removal for the house	1	LS		
3	Install 16" #1 Blue label Red Cedar Shingles, Certiguard ® Class B fire retardant	1	LS		
4	Soffit Repair	100	LF		
TOTAL:					\$

BASE BID: _____

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

Contractor Name: _____

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

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: _____