

MISSISSIPPI STATE UNIVERSITY
Office of Planning Design and Construction Administration

PROPOSAL FORM
SECTION 00 300

To: Mississippi State University
Mr. Donald Buffum
Office of Procurement and Contracts
P. O. Box 5307
Barr Avenue, 610 McArthur Hall
Mississippi State, Mississippi 39762

Re: Project #: IHL # 205-327
Project Title: RICE HALL RENOVATIONS
Location: MISSISSIPPI STATE UNIVERSITY

I propose to complete all work in accordance with the Project Manual and Drawings within 120 consecutive calendar days for the sum of:

BASE BID:

_____ Dollars (\$ _____)

ALTERNATES:

Alternate #1: (X) Adds () Deducts

Dollars (\$ _____)

Description SELECTIVE DEMOLITION AND RECONFIGURATION OF 1ST FLOOR SHOWER/TOILET ROOMS INTO COMPLIANT TOILET ROOMS, AND ALL ASSOCIATED WORK AS INDICATED IN THE DOCUMENTS.

- Alternate #1 adds 30 days to the contract time.

Alternate #2: (X) Adds () Deducts

Dollars (\$ _____)

Description SELECTIVE DEMOLITION AND RECONFIGURATION OF 2ND FLOOR, 3RD FLOOR, AND 4TH FLOOR SHOWER/TOILET ROOMS INTO COMPLIANT TOILET ROOMS, AND ALL ASSOCIATED WORK AS INDICATED IN THE DOCUMENTS.

- Alternate #2 adds 30 days to the contract time.

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Alternate #3: (X) Adds () Deducts

Dollars (\$_____)

Description REPLACEMENT OF DOOR HARDWARE ON EXISTING DOORS, AND ALL ASSOCIATED WORK AS INDICATED IN THE DOCUMENTS.

Alternate #4: (X) Adds () Deducts

Dollars (\$_____)

Description REPLACEMENT OF CORRIDOR CEILING TILES AND LIGHT FIXTURES, AND ALL ASSOCIATED WORK AS INDICATED IN THE DOCUMENTS.

Alternate #5: (X) Adds () Deducts

Dollars (\$_____)

Description REFINISHING AND REPAIRS TO EXISTING MILLWORK, REFINISHING OF CENTRAL STAIRWELL, AND ALL ASSOCIATED WORK AS INDICATED IN THE DOCUMENTS

UNIT PRICE:

UNIT PRICE #1 (X) Adds (X) Deducts

Dollars (\$_____)

Description: Provide a unit price per square foot for all labor and materials to remove and dispose of asbestos containing materials. Include all cost associated with overhead, taxes, bond, insurance and otherwise as required by the project manual. If the areas to be abated are less than the defined areas already included in the base bid, they will be removed from the contract at the square foot rate listed in this unit cost. If it is determined that more areas are to be abated once the work begins, the cost will be added to the contract at the rate of this unit cost.

ADDENDA ACKNOWLEDGMENT:

No. ___ Date _____ No. ___ Date _____ No. ___ Date _____
No. ___ Date _____ No. ___ Date _____ No. ___ Date _____

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ACCEPTANCE:

I certify that I am authorized to enter into a binding contract, if this Proposal is accepted.

Signature _____ Date _____

Name and Title _____

Name of Business _____

(Complete spelling - exact as recorded at the Contractor's Board)

Address _____

City/State/Zip Code _____

Bidder's Certificate of Responsibility Numbers(s): _____

Attach copy of Non-Resident Bidder's Preference Law (5.04 of Bidder's Checklist)

List any Mechanical/Plumbing and/or Electrical Subcontractors that will perform work of this contract. COR must be included where a subcontract exceeds \$50,000.00. If no sub-contractor is listed, and such work is within scope of contract, bidders own COR classification(s) must be sufficient to self-perform any such work. If no sub-contractor is listed, then use of subcontractor to perform such scope will not be permitted. This is in accordance with 5.05 and 5.06 of the Bidder's Checklist See section 00 100 Instruction to Bidders.

Mechanical Contractor: _____ Certificate of Responsibility No. _____

Plumbing Contractor: _____ Certificate of Responsibility No. _____

Electrical Contractor: _____ Certificate of Responsibility No. _____

***** End of Section *****