

ATTACHMENT A

City of Redmond Bid Pricing Submittal Sheet IFB 10560-16 /MWS

Hazmat Inspection, Testing and Reporting; Parks Buildings

Company Name: _____ Contact Person: _____

Company Address: _____

City: _____, State: _____, Zip: _____

Phone #: (____) _____ Fax #: (____) _____ email: _____

We offer this submittal in response to the City's Invitation For Bid. The prices listed provided below are fully-burdened, including direct labor cost, overhead, profit, and any materials.

Award will be made on lowest priced most responsive bid received by the City Redmond. Bid price is to include all inspection, testing, and reporting.

Hazmat Inspection and Reporting

Quantity	Service	Lump Sum Price	
1 Lot	Inspection	\$	
1 Lot	Tax (9.5%)	\$	
1 Lot	Subtotal		
1 Lot	Testing	\$	
1 Lot	Tax (9.5%)	\$	
1 Lot	Subtotal	\$	
1 Lot	Findings Report	\$	
1 Lot	Tax (9.5%)	\$	
1 Lot	Subtotal		
1 Lot	Total Price	\$	

Bid Validity: 60 days calendar days from bid receipt date. The City of Redmond reserves the right to request an extension of the 60 day period.

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Parks Dept.

REFERENCES:

Supplier to furnish the project name, address, phone number and contact for three projects that have been completed within the last 36 months.

1. _____
2. _____
3. _____

Bidder certifies it will comply with City insurance requirements: _____

City of Redmond, Business License #: _____ or ____ I/we agree to obtain upon award of this purchase.

Washington State Contractors License Number: _____.

Washington Unified Business Identifier (UBI) _____

Employment Security Dept. Number _____

State Excise Tax Registration Number _____

Industrial Insurance Coverage _____

The Bidder certifies that it is not disqualified/barred from bidding on any public works programs: _____

(www.lni.wa.gov/TradesLicensing/PrevWage/AwardingAgencies/DebarredContractors/default.asp).

The undersigned agrees fully with the terms and conditions of this Invitation For Bid and acknowledges they are authorized to sign bids for the company.

Authorized Agent: _____ Date: _____

Title: _____