

Quotation Form **(Sample Guideline)**
 (Bid Format)
Specification Number PD
(Name of Project)

Board of County Commissioners
 Escambia County, Florida
 Pensacola, Florida 32502

Date: _____

Commissioners:

In accordance with your "Request for Quotations" and "Instructions to Offerors" for **(Name of Project)** as described and listed in this Request for Quotations, and subject to all conditions thereof, I, the undersigned, hereby propose to provide at the following price:

QUANTITY	DESCRIPTION	UNIT PRICE
(TO BE FILLED IN)		

CONTRACTOR REQUIREMENTS

Acknowledgment is hereby made of receipt of the following addenda issued during the quotation period:

Addendum No. _____ Date _____ Addendum No. _____ Date _____
 Addendum No. _____ Date _____ Addendum No. _____ Date _____

(PLEASE TYPE INFORMATION BELOW)

SEAL IF BID IS BY CORPORATION

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Escambia County Competency Board <input type="checkbox"/> Building Contractor, State Certified <input type="checkbox"/> Building Contractor, State Registered <input type="checkbox"/> Building Contractor <input type="checkbox"/> Building Contractor, Escambia Co. Only <input type="checkbox"/> Demolition Contractor <input type="checkbox"/> Electrical, State Certified <input type="checkbox"/> Electrical, State Registered <input type="checkbox"/> Electrical, Escambia County Contract Only <input type="checkbox"/> General Contractor, State Certified <input type="checkbox"/> General Contractor, State Registered <input type="checkbox"/> General Contractor <input type="checkbox"/> Lawn Sprinkler & Irrigation <input type="checkbox"/> Marine Contractor <input type="checkbox"/> Mechanical Contractor, State Certified <input type="checkbox"/> Mechanical Contractor, State Registered <input type="checkbox"/> Mechanical Contractor | <ul style="list-style-type: none"> <input type="checkbox"/> Mechanical, Escambia County Contract Only <input type="checkbox"/> Roofing, Unlimited, State Registered <input type="checkbox"/> Roofing, Unlimited, State Certified <input type="checkbox"/> Roofing, Limited <input type="checkbox"/> Roofing, Unlimited <input type="checkbox"/> Sign Electrical Contractor, State Registered <input type="checkbox"/> Sign Electrical Contractor, State Certified <input type="checkbox"/> Steam Gen. Boiler/And Piping <input type="checkbox"/> Tower/Antenna <input type="checkbox"/> Underground Utility/Excavation State Registered <input type="checkbox"/> Underground Utility/Excavation State Certified <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ |
|---|--|

Quotation Form Continued... (Sample Guideline)

PD _____
(Project Name)

Other _____
License # _____

- Florida DBPR Contractor's License
- Building Contractor, State Certified
 - Building Contractor, State Registered
 - Building Contractor
 - Building Contractor, Escambia Co. Only
 - Demolition Contractor
 - Electrical, State Certified
 - Electrical, State Registered
 - Electrical, Escambia County Contract Only
 - General Contractor, State Certified
 - General Contractor, State Registered
 - General Contractor
 - Lawn Sprinkler & Irrigation
 - Marine Contractor
 - Mechanical Contractor, State Certified
 - Mechanical Contractor, State Registered
 - Mechanical Contractor
 - Mechanical, Escambia County Contract Only
 - Roofing, Unlimited, State Registered
 - Roofing, Unlimited, State Certified
 - Roofing, Limited
 - Roofing, Unlimited
 - Sign Electrical Contractor, State Registered

- Sign Electrical Contractor, State Certified
 - Steam Gen. Boiler/And Piping
 - Tower/Antenna
 - Underground Utility/Excavation State Registered
 - Underground Utility/Excavation State Certified
 - Other _____
 - Other _____
 - Other _____
 - Other _____
- License # _____

Name Under Which License is Recorded

Print or Type

I certify that:

- I have examined the plans and specifications
- I hold the necessary license to perform the work indicated in the plans and specifications
- My license is current and meets all of the requirements of the Escambia Competency Board

Original Signature

State of Florida Department of State
Certificate of Authority Document Number

Occupational License No. _____

Terms of Payment (Check one)

- Net 30 Days ____
- 2% 10th Prox ____
- Other ____

Will your company accept Escambia County Purchasing Cards?

- Yes
- No

Will your company accept Escambia County Direct Payment Vouchers?

- Yes
- No

County Permits/Fees required for this project:

<u>Permit</u>	<u>Cost</u>

Proposer: _____

By: _____

Signature: _____

Title: _____

Quotation Form Continued... (Sample Guideline)

PD _____
(Project Name)

Address: _____

Phone #: _____

Cell #: _____

Person to contact concerning this bid:

Pager #: _____

Phone # _____

Person to contact for disaster service:

Toll Free # _____

Fax # _____

Home Address: _____

E-Mail Address: _____

Home Page Address: _____

Home Phone #: _____

Cell #: _____

Person to contact for emergency service:

Pager #: _____

Attached to bid you shall find a bid bond, cashier's check or certified check (circle one that applies) in the amount of _____ (%) of offer.
(Five or ten percent)

The work shall be substantially completed within _____ () calendar days from the Commencement Date. The Offeror agrees to fully complete all work included above within _____ () consecutive calendar days from the date of Notice to Proceed. **Liquidated damages of \$_____ each day will be assessed for each day that completion of the project is delayed.** All work to be accomplished under this quotation shall be the responsibility of Offeror and failure of subcontractors to perform shall not relieve Offeror of any liquidated damages. Further, the undersigned as Offeror or officer or agent of the Offeror agrees on behalf of the Offeror that in case of his failure to execute the Contract and furnish payment and performance bonds each in the amount of 100 percent (100%) of the Quotation, together with the required certificates of insurance, within ten (10) consecutive calendar days after written notice is received of the award of this Contract by the Owner, the check or Bid Bond accompanying his Offer, and the money payable thereon, shall be paid into the funds of the county as liquidated damages for such failure, otherwise the check or Bid Bond accompanying his offer shall be returned to him in accordance with the provisions contained in the Contract Documents. A Bid Bond in the amount of 5% of base bid is to be furnished by each Offeror. Offeror further acknowledges that all of the work outlined above may not be required at the discretion of Escambia County. The total will be subject to total funds available during the course of the work. However, it is the intent of Escambia County at this time to substantially complete the listed work.

Names and addresses of proposed Subcontractors to be utilized for work on this project:

Quotation Form Continued... (Sample Guideline)

PD _____
(Project Name)

- 1.
- 2.
- 3.
- 4.

NOTE:

FOR INFORMATION ONLY:

In the Agreement section of the Standard Construction Document, please fill in the above appropriate calendar days and the dollar amount.