

TOWN OF COOPERTOWN

BID FORM

Name of Contract: **NEW ROOF ON CITY HALL/POLICE STATION – MISCELLANEOUS**

Bid Due Date: _____

Name of Bidder: _____

Bidder's Business Address: _____

Telephone #: _____ Fax #: _____

Name of Authorized Representative: _____

Title of Authorized Representative: _____

Liability Insurance Limits: \$2,000,000 per occurrence (Certificates Required)

Workman's Compensation Insurance: In compliance with the State laws of Tennessee

We, the undersigned, being a (check one) corporation partnership individual, having carefully reviewed the bidding documents and having visited the sites of the work and familiarized ourselves with all conditions affecting the performance of the work, offer the following bid proposal based on the specifications and project description provided. The following rates shall apply to all work performed under this contract:

LABOR:

Cost per hour supervisor	\$ _____ /hour
Cost per hour laborer	\$ _____ /hour

EQUIPMENT (with operator):

Cost per hour bucket truck (Reach _____)	\$ _____ /hour
Cost per hour road grader (Size _____)	\$ _____ /hour
Cost per hour dozer (Size _____)	\$ _____ /hour
Cost per hour backhoe	\$ _____ /hour
Cost per hour dump truck (Capacity _____)	\$ _____ /hour
Cost per hour OTHER (specify)	\$ _____ /hour
_____	\$ _____ /
_____	\$ _____ /

MATERIALS: (Delivered to Jobsite)

Cost per bundle, OTHER (specify) Roof Shingles _____ Cost, plus _____ %
GAF Timberline Lifetime HD, Owens Corning Berkshire Collection or
40 year warranty equivalent.

Cost per wood structure water damage, OTHER (specify) _____ Cost, plus _____ %
2 X 4 lumber, plywood, and drywall etc.

Paid receipts required for reimbursement of materials.

Jobs included under this contract include but are not limited to the following:

1. Removal and disposal of old roof shingles and nails.
2. Removal, disposal, and repair of any water damaged building structure.
3. Installation of new shingles per shingle supplier installation instructions.

Proposed SUBCONTRACTORS and SUPPLIERS:

REFERENCES:

Client Name	Address	Contact Name	Phone #	Last Job Description	Job Date

Additional Information: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE