

**PROPOSAL TO MENTOR PUBLIC LIBRARY  
SECOND FLOOR STAFF IMPROVEMENTS  
PROJECT NO. 220197**

<b>REF NO.</b>	<b>DESCRIPTION</b>	<b>QTY</b>	<b>MEASURE UNIT</b>
1.	General Trades	1.00	LUMP
2.	Contingency / Discretionary Allowance	1.00	LUMP

The Bidder hereby acknowledges that he has reviewed the following addenda:

Addendum No. \_\_\_\_\_

Date: \_\_\_\_\_

The undersigned, having full knowledge of the plans and specifications for the improvements and the conditions of the Proposal hereby agree to furnish all the services, labor, materials, and equipment necessary to complete the work according to the plans and specifications and to accept as full compensation the lump sum or the unit prices specified serving as deduct or extra compensation rates.

And We (or I) do hereby agree that in the event of failure on OUR part to contract as aforesaid (provided this Proposal is accepted) the Bid Bond, Check or Letter of Credit accompanying this Proposal shall be forfeited to the Owner as liquidated damages for the difference between this bid and the awarded Contract price, not to exceed the amount of bond. We further agree that the Owner may reject any or all bids.

By signature below, I hereby certify that **I AND MY Insurance Agent have examined the insurance requirements** in the specifications and that the types and amounts of same are currently in effect or will be obtained and kept in effect for the project duration and that my Insurance Agent has assured that notification of non-renewal, policy modification, and/or cancellation to all certificate holders will occur per the contract requirements. Verification will be provided to the Owner subsequent to the issuance of a Notice of Award.

Submitted by,

\_\_\_\_\_  
Firm, Corporation, or Individual

\_\_\_\_\_  
Officer's Name and Title (typed)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Federal Tax ID Number

Note: Evidence of authority to sign must be affixed and attested by the Secretary.

COMPLETION DATE: \_\_\_\_\_, 2017

or Calendar days from the first day of work, but no later than \_\_\_\_\_

or \_\_\_\_ Days from Notice to Proceed

or To be proposed by the bidder, but no later than \_\_\_\_\_ (calendar date).

If awarded a contract, we hereby agree to complete all work by \_\_\_\_\_.

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