1. 00 41 43 – BID FORMS

1.1 Bid.

Bids will be received at the Seneca Healthcare District, 199 Reynolds Road, Chester, CA 96020, until **11:00am on Friday, May 10, 2024.**

**NAME OF BIDDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The undersigned hereby declare that we have carefully examined the location of the proposed Work, and have read and examined the Contract Documents, including all plans, specifications, and all addenda, if any for the following Project:

**SENECA HEALTHCARE DISTRICT REPLACEMENT CRITICAL ACCESS HOSPITAL + SKILLED NURSING FACILITY**

We hereby propose to furnish all labor, materials, equipment, tools, transportation, and services, and to discharge all duties and obligations necessary and required to perform and complete the Project, as described and in strict conformity with the Drawings, and these Specifications for TOTAL BID PRICE indicated herein.

The undersigned acknowledges receipt, understanding, and full consideration of the following addenda to the Contract Documents:

 Addenda No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Attached is the required Bid Guarantee in the amount of not less than 10% of the Total Bid Price.
2. Attached is the completed Designation of Subcontractors form.
3. Attached is the fully executed Noncollusion Declaration form.
4. Attached is the completed Iran Contracting Act Certification form.
5. Attached is the completed Fleet Compliance Certification form.
6. Attached is the completed Public Works Contractor Registration Certification form.
7. Attached is the completed Contractor’s Certificate Regarding Workers’ Compensation form.
8. Attached is the completed Bidder Information and Experience form.
9. Attached is USDA Form 400-6
10. Attached is USDA Form AD-1048
11. Attached is USDA Form 1940-Q
12. Attached is project and reference information demonstrating relevant project experience by the Contractor.
13. Attached is project and reference information demonstrating relevant project experience by the Superintendent.
14. Attached is project and reference information demonstrating relevant project experience by the Project Manager.
15. Attached is the General Conditions workplan.
16. Attached is the General Requirements detailed list.
17. Attached is the information on schedule major milestones.
	* 1. BID SCHEDULE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO.** | **ITEM DESCRIPTION** | **UNIT OF****MEASURE** | **EST.****QTY.** | **UNIT****PRICE** | **ITEM****COST** |
| **1.** |  4x12 at Entryway Canopy (excluding any needed treatment) – per S1-231 | LS | 1 | N/A |  |
| **2.** |  4x12 at ED Canopy (excluding any needed treatment) – per S1-232 | LS | 1 | N/A |  |
| **3.** | 4x14 at Ambulance Canopy (excluding any needed treatment) – per S1-233 | LS | 1 | N/A |  |
| **4.** | SWPPP Monitoring per General Requirements | LS | 1 | N/A |  |
| **5.** | Allowance for Traffic Control & inspection per General Conditions Article 18.B. and Article 20. | LS | 1 | NA |  |
| **6.** | BIM Coordination / Clash Detection Modeling | LS | 1 | NA |  |
| **7.** | SNF Generator 350kW with 72 hour fuel storage (belly tank) per Increment 1 drawings provided within Addendum 4 | LS | 1 | NA |  |
| **8.** | CAH Generator, 2-350kW with associated 72 hour fuel storage (belly tank) per Increment 1 drawings provided within Addendum 4 | LS | 1 | NA |  |
| **9.** | Helicopter Landing Site and associated infrastructure |  |  |  |  |
| **10.** | Balance of Contract | LS | 1 | N/A |  |

The costs for any Work shown or required in the Contract Documents, but not specifically identified as a line item are to be included in the related line items and no additional compensation shall be due to Contractor for the performance of the Work.

In case of discrepancy between the Unit Price and the Item Cost set forth for a unit basis item, the unit price shall prevail and shall be utilized as the basis for determining the lowest responsive, responsible Bidder. However, if the amount set forth as a unit price is ambiguous, unintelligible or uncertain for any cause, or is omitted, or is the same amount as the entry in the “Item Cost” column, then the amount set forth in the “Item Cost” column for the item shall prevail and shall be divided by the estimated quantity for the item and the price thus obtained shall be the Unit Price.

For purposes of evaluating Bids, the District will correct any apparent errors in the extension of unit prices and any apparent errors in the addition of lump sum and extended prices.

The estimated quantities for Unit Price items are for purposes of comparing Bids only and the District makes no representation that the actual quantities of work performed will not vary from the estimates. Final payment shall be determined by the District from measured quantities of work performed based upon the Unit Price.

* + 1. total BId price:

|  |
| --- |
| TOTAL BID PRICE BASED ON BID SCHEDULE TOTAL OF UNIT PRICESFOR SENECA HEALTHCARE DISTRICT REPLACEMENT CRITICAL ACCESS HOSPITAL + SKILLED NURSING FACILITY$ Total Bid Price in Numbers$ Total Bid Price in Written FormIn case of discrepancy between the written price and the numerical price, the written price shall prevail. |

The undersigned agrees that this Bid Form constitutes a firm offer to the District which cannot be withdrawn for the number of calendar days indicated in the Notice Inviting Bids from and after the Bid opening, or until a Contract for the Work is fully executed by the District and a third party, whichever is earlier.

If the Contract Documents specify Alternate Bid items, the following Alternate Bid amounts shall be added to or deducted from the Total Bid Price entered above (please check the appropriate box), in the District’s sole discretion. The District can choose to include any, all, or none of the Alternate Bid items in the Work. If the District selects any of the Alternate Bid items, the corresponding Alternate Bid prices shall be added to or deducted from Base Bid Price for the Work. The District can award/select Alternate Bid items at any time(s).

|  |  |  |  |
| --- | --- | --- | --- |
| **ALTERNATE****BIDS** | **ALTERNATE DESCRIPTION** | **BID PRICE****(IN WRITTEN FORM)** | **BID PRICE****(IN NUMBERS)** |
| **ALTERNATE #1**🗷 Add 🞏 Deduct | 3RD BOOM MOUNT IN OR (ROOM  |  |  |
| **ALTERNATE #2**🗷 Add 🞏 Deduct | Distributed Antenna System (DAS) equipment/cabling/installation, noting infrastructure included in base bid |  |  |
| **ALTERNATE #3**🗷 Add 🞏 Deduct | Increase (2) CAH generators fuel storage to 96 hour capacity each (kW per per Increment 1 drawings provided within Addendum 4) |  |  |
| **ALTERNATE #4**🗷 Add 🞏 Deduct | Increase CAH generators to 2-500kW with 72 hour fuel supply, including any required associated upsizing of related switchgear/conduit/ wiring/etc |  |  |
| **ALTERNATE #5**🗷 Add 🞏 Deduct | Increase CAH generators to 2-500kW with 96 hour fuel supply, including any required associated upsizing of related switchgear/conduit/ wiring/etc |  |  |
| **ALTERNATE #6**🗷 Add 🞏 Deduct | Increase SNF generator fuel storage to 96 hour capacity (kW per per Increment 1 drawings provided within Addendum 4) |  |  |
| **ALTERNATE #7**🞏 Add 🗷 Deduct | Eliminate AISC Certification requirements for fabrication and erection of structural steel |  |  |
| **ALTERNATE #8**🞏 Add 🗷 Deduct | Eliminate TI of INC3 SNF, leaving warm shell, necessary fire alarm/sprinkler, generator and any other long-lead items (please specify) |  |  |
| **ALTERNATE #9**🞏 Add 🞏 Deduct |  |  |  |
| **ALTERNATE #10**🞏 Add 🞏 Deduct |  |  |  |
| **ALTERNATE #11**🞏 Add 🞏 Deduct |  |  |  |
| **ALTERNATE #12**🞏 Add 🞏 Deduct |  |  |  |
| **ALTERNATE #13**🞏 Add 🞏 Deduct |  |  |  |

The successful bidder hereby agrees to sign the contract and furnish the necessary bonds and certificates of insurance within ten (10) working days after the District provides the successful bidder with the Notice of Award.

Upon receipt of the signed contract and other required documents, the contract will be executed by the District, after which the District will prepare a letter giving Contractor Notice to Proceed. The official starting date shall be the date of the Notice to Proceed, unless otherwise specified. The undersigned agrees to begin the Work within ten (10) working days of the date of the Notice to Proceed, unless otherwise specified.

The undersigned has examined the location of the proposed work and is familiar with the Drawings and Specifications and the local conditions at the place where work is to be done.

If awarded the contract, the undersigned agrees that there shall be paid by the undersigned and by all subcontractors to all laborers, workers and mechanics employed in the execution of such contract no less than the prevailing wage rate within Plumas County for each craft, classification, or type of worker needed to complete the Work contemplated by this contract as established by the Director of the Department of Industrial Relations. A copy of the prevailing rate of per diem wages are on file at the District’s Administration Office and shall be made available to interested parties upon request.

Enclosed find cash, bidder’s bond, or cashier’s or certified check No. \_\_\_\_\_\_\_\_\_ from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is not less than ten percent (10%) of this bid, payable to Seneca Healthcare District as bid security and which is given as a guarantee that the undersigned will enter into a contract and provide the necessary bonds and certificates of insurance if awarded the Work.

The bidder furthermore agrees that in case of bidder’s default in executing said contract and furnishing required bonds and certificates of insurance, the cash, bidder’s bond, or cashier’s or certified check accompanying this proposal and the money payable thereon shall become and shall remain the property of the Seneca Healthcare District.

Bidder is an individual \_\_\_\_\_\_, or corporation \_\_\_\_\_\_, or partnership \_\_\_\_\_\_, organized under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Bidder confirms license(s) required by California State Contractor’s License Law for the performance of the subject project are in full effect and proper order. The following are the Bidder’s applicable license number(s), with their expiration date(s) and class of license(s):

If the Bidder is a joint venture, each member of the joint venture must include the required licensing information.

Sureties that will furnish the Faithful Performance Bond and the Labor and Material Payment Bond, in the form specified herein, in an amount equal to one hundred percent (100%) of the contract price within ten (10) working days from the date the District provides the successful bidder the Notice of Award. Sureties must meet all of the State of California bonding requirements, as defined in California Code of Civil Procedure Section 995.120, Bureau of the Fiscal Service Circular 570, and must be authorized by the State of California.

The insurance company or companies to provide the insurance required in the contract documents must have a Financial Strength Rating of not less than “A-” and a Financial Size Category of not less than “Class VII” according to the latest Best Key Rating Guide. At the sole discretion of the District, the District may waive the Financial Strength Rating and the Financial Size Category classifications for Workers’ Compensation insurance.

Bidder is familiar with all laws and regulations that may affect cost, progress, and performance of the work including Build America, Buy America Act (BABAA) requirements.

(signatures continued on next page)

I hereby certify under penalty of perjury under the laws of the State of California that all of the information submitted in connection with this Bid and all of the representations made herein are true and correct.

Executed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_.

(Bidders Name – Print or Type)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Title)

(Corporate Seal)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

Names of individual members of firm or names and titles of all officers of corporation and their addresses are listed below:

Name Title

Complete Address

Phone FAX

Name Title

Complete Address

Phone FAX

Name Title

Complete Address

Phone FAX

Name Title

Complete Address

Phone FAX Page 2 of 2