

BID FORM FOR

JOHN JONES WATER TREATMENT PLANT FILTER MEDIA REPLACEMENT

Name of Bidder: _____

Business Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____

Contact E-mail: _____

Website: _____

Complete/initial below and attach all items listed. Completed Bid Packet must be delivered to Boyd Service Center, 520 S Tracy Blvd, Tracy, CA 95376, NO LATER than 3:00 P.M., ~~Monday~~, Thursday, September 5, 2024, in a sealed envelope plainly marked on the outside with a return address and the statement:

“SEALED BID FOR: JOHN JONES WATER TREATMENT PLANT FILTER MEDIA REPLACEMENT– DO NOT OPEN WITH REGULAR MAIL.”

- _____ Completed Bid Form
- _____ Bidder’s Qualifications
- _____ Local Bidder Affidavit (if applicable)
- _____ Cost of Service (sealed envelope)

Addenda. Bidder agrees that it has confirmed receipt of or access to, and review of all addenda issued for this Bid. Bidder specifically acknowledges receipt of the following addenda:

Addendum:	Date Issued:	Addendum:	Date Issued:
#01	_____	#03	_____
#02	_____	#04	_____

SIGNATURE OF BIDDER

The undersigned declares that the only person or parties interested in this Bid Proposal as principals are those named herein; that this proposal is made without collusion with any other person, firm or corporation; that bidder has examined the Specifications and hereby proposes the prices set forth in the enclosed.

Name of Firm Representative
Representative

Signature of Authorized Firm

Title

Date of Bid

BIDDER'S QUALIFICATIONS

BIDDER'S EXPERIENCE

The bidder's experience in work of a nature similar to that covered in this Proposal extends over a period of _____ years.

The Bidder has never failed to satisfactorily complete a contract awarded except as follows: (List all exceptions and reasons).

BIDDER'S REFERENCES

1) Company Name:

Contact Person:

Email:

Phone Number:

Description of work performed:

Amount of Initial Bid:

Total Amount of Change Orders:

Date of Performance and Final Completion:

Comments:

2) Company Name:

Contact Person:

Email:

Phone Number:

Description of work performed:

Amount of Initial Bid:

Total Amount of Change Orders:

Date of Performance and Final Completion:

Comments:

3) Company Name:

Contact Person:

Email:

Phone Number:

Description of work performed:

Amount of Initial Bid:

Total Amount of Change Orders:

Date of Performance and Final Completion:

Comments:

4) Company Name:

Contact Person:

Email:

Phone Number:

Description of work performed:

Amount of Initial Bid:

Total Amount of Change Orders:

Date of Performance and Final Completion:

Comments:

5) Company Name:

Contact Person:

Email:

Phone Number:

Description of work performed:

Amount of Initial Bid:

Total Amount of Change Orders:

Date of Performance and Final Completion:

Comments:

BIDDER'S EMPLOYMENT, QUALIFICATIONS & LICENSE
(may include additional sheets)

BIDDER'S DETAILED DESCRIPTION OF OBJECT TO COMPLETE SCOPE OF SERVICE
(may include additional sheets)

Cost Schedule

Total for Filter 1-3:

Total for Filters 4-6:

Grand Total:

Bidder Name: _____

**Local Vendor Affidavit
(Tracy Municipal Code Sections 2.20.030(g) and 2.20.230)**

The City of Tracy Local Vendor Preference may be applied to this bid. If you qualify for this preference, please submit this Local Vendor Affidavit along with your response to this bid.

Definition of Local Vendor:

Per Tracy Municipal Code 2.20.030(g), "local vendor" means a person or legal entity which has a place of business (other than a PO Box) within the city and a valid, current City of Tracy business license. The local business needs to be operating from a functional office, within the city limits, that is staffed with the company's employees, during normal business hours.

Qualifications:

To qualify as a local vendor, the Bidder shall submit with its bid this completed Local Vendor Affidavit to document the following*:

- The business has a facility with a City of Tracy address
- The business will attribute the sales tax from the sale to the City of Tracy
- The business has had a City of Tracy business license for at least one year prior to the opening of the bid

Business Name: _____

Physical Address: _____

Phone: _____ FAX: _____ E-Mail: _____

Tracy Business License No. _____ Date License First Issued:

Primary function of this location (i.e., sales, distribution, production, corporate, etc.):

Name of Company Official (typed) Date

Title of Company Official

Signature of Company Official

Submittal of false data will result in disqualification of local vendor preference

*Additional supporting documentation that may be requested by the City to verify qualification includes:

- A copy of current SS2 form (State, Local & district Sales and Use Tax Return Form)
- Copy of current business license
- Proof of current business address