



**Marquette County Solid Waste Management Authority**

600 COUNTY ROAD NP • MARQUETTE MI 49855

PHONE: (906) 249-4125

**BID FORM  
FOR ENGINEERING SERVICES**

**BID FORM**

Marquette County Solid Waste Management Authority

New Wastewater Treatment Plant  
Engineering Services

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**1.0 BID RECIPIENT**

This Bid is submitted to:

**Marquette County Solid Waste Management Authority (MCSWMA), 600 County Road NP,  
Marquette, MI, 49855 – Brad Austin, Director**

The undersigned Bidder proposes and agrees, if this Bid is accepted, to enter into an Agreement with Owner to perform the engineering services as indicated in the Request for Proposal, Addendums, and all referenced materials found on the MCSWMA website (The Documents).

**2.0 BIDDER’S ACKNOWLEDGEMENTS**

Bidder accepts all of the terms and conditions of the MCSWMA. This Bid will remain subject to acceptance for 60 days after the Bid opening, or for such longer period of time that Bidder may agree to in writing upon request of Owner.

**3.0 BIDDER’S REPRESENTATIONS**

In submitting this Bid, Bidder represents that:

- A. Bidder has examined and carefully studied all of the referenced Documents and hereby acknowledges receipt of the following Addenda:

<u>Addendum No.</u>	<u>Addendum, Date</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**4.0 BASIS OF BID**

Bidder will complete the Work in accordance with the Documents for the following price(s):

Lump Sum Bid Price	\$
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**5.0 TIME OF COMPLETION**

Bidder agrees that the Work will be substantially complete and will be completed and ready for final payment in accordance with the documents.

**6.0 ATTACHMENTS TO THIS BID**

The following documents are submitted with this Bid:

- Required Bid Form;
- List of Previous Experience;
- Proof of Registration in the State of Michigan;
- List of Past Performance;
- List of Completed Projects;

**7.0 BID SUBMITTAL**

BIDDER: *[Indicate correct name of bidding entity]*

By:

*[Signature]* \_\_\_\_\_

*[Printed name]* \_\_\_\_\_

*(If Bidder is a corporation, a limited liability company, a partnership, or a joint venture, attach evidence of authority to sign.)*

Attest:

*[Signature]* \_\_\_\_\_

*[Printed name]* \_\_\_\_\_

Title: \_\_\_\_\_

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

Address for giving notices:

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

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

Email Address: \_\_\_\_\_

Contact Name and Cell Number: \_\_\_\_\_

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

