**EL PASO COUNTY**

**CONTRACTS & PROCUREMENT DIVISION**

**QUOTE FORM**

**for**

**METRO JUSTICE SERVICES REMODEL PROJECT**

|  |  |
| --- | --- |
| **NOTICE TO BIDDERS:** | **YOU ARE REQUIRED TO USE THIS FORM WHEN SUBMITTING A RESPONSE.** (do not leave blank spaces) |
| RESPONSE CHECKLIST and **ALL** REQUIRED DOCUMENTS ATTACHED? |  | YES |
| Will you accept payment by VISA credit card? |  | YES |  | NO |
| If you accept VISA payment, is there a cost? |  | YES |  | NO  |
| If there is a cost, or min/max dollar amounts, explain: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
|  | **ITEM** | **PRICE ($)** |
| **A** | **Architectural Work** |  |
| **B** | **HVAC Demolition** |  |
| **C** | **Existing Electrical Lighting Work**  |  |
| **D** | **New Electrical Lighting Work** |  |
| **E** | **Existing Electrical Power Work**  |  |
| **F** | **New Electrical Power Work**  |  |
|  | **Total Price** for work as described herein and per the Construction Documents and Drawings.  | **TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **$** |
|  | **Warranty** (explain what is covered, by whom, for how long): | Attach on separate sheet |
|  | **Number of Calendar Days to Complete Construction after receiving “Notice to Proceed”** | \_\_\_\_\_\_\_\_\_ **Calendar Days** |

**NOTE**: Price must be inclusive of (but not limited to) the following: all contractor fees, actual costs, overhead, profit, quality assurance testing, and permit costs. The County reserves the right to request a breakout of costs by materials, labor and/or other such methods as determined by the County.

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**Page 2 of 2**

Our submitted bid consists of a total price, all inclusive of any freight, surcharges, labor, insurance, materials, and any other miscellaneous incidental charges required to perform the services, except taxes as the County is tax exempt:

|  |  |  |  |
| --- | --- | --- | --- |
| **SUBMITTED BY:** |  | **DATE:** |  |
|  | **(COMPANY NAME)** |  |
|  |
| **FEDERAL ID# / SS#:** |  | **EMAIL:** |  |
|  |
| **STREET ADDRESS:** |  | **PHONE:** |  |
|  |
| **CITY, STATE, ZIP:** |  | **FAX:** |  |
|  |  |  |  |
| **AUTHORIZED SIGNATURE:** |  |
|  |
| **PRINT AUTHORIZED SIGNATURE:** |  |
|  |