

TOWN OF SOUTHBOROUGH

FORM FOR GENERAL BID

FOR CARPENTRY

AT THE SENIOR CENTER LOCATED AT 9 CORDAVILLE ROAD



To the Awarding Authority:

The Undersigned proposes to furnish all labor and materials required for installation of **CARPENTRY** at 9 Cordaville Road in Southborough, Massachusetts, in accordance with the accompanying specifications provided by Southborough Facilities Department for the contract price specified below.

The proposed contract price is _____
_____ dollars (\$ _____).

A reference list including all work performed in the last three (3) years must be attached to the Bid form.

The undersigned agrees that, if he is selected as general contractor, he will within ten days, Saturdays, Sundays and legal holidays excluded, after presentation thereof by the awarding authority, execute a contract in accordance with the terms of this bid and furnish a labor and materials or 50% payment bond, of a surety company qualified to do business under the laws of the commonwealth and satisfactory to the awarding authority, the premium for which are to be paid by the general contractor and are included in the contract price.

The undersigned further certifies under the penalties of perjury that this bid is in all respects bona fide, fair and made without collusion or fraud with any other person. The word "person" shall mean any natural person, joint venture, partnership, corporation or other business or legal entity. The undersigned further certifies under penalty of perjury that the said undersigned is not presently debarred from doing public construction work in the commonwealth under the provisions of section twenty-nine F of chapter twenty-nine, or any other applicable debarment provisions of any other chapter of the General Laws or any rule or regulation promulgated there under.

The undersigned shall provide any required documentation requested by the awarding authority, i.e. W-9, proof of required insurance coverage, proof of OSHA10 Training, etc.

The undersigned agrees to comply with Prevailing Wage Rates as administered by the Commonwealth of Massachusetts of Occupational Safety.

Date _____

By _____

Signature

(Name of General Bidder)

(Printed Name of Person Signing Bid and Title)

(Business Address)

(City and State)