# SEALED BID

Project: **Smith River WMA 2017 Fencing Project**
MT FWP Number: **7155311**
Name of Contractor: _____
Address: _____
_____
Dept. of Labor & Industry Cert. of Reg.#._____
Acknowledges Addendum No.:_____

Jamie Mongoven, Project Manager
Montana Fish, Wildlife and Parks
Design and Construction
1522 Ninth Avenue
P.O. Box 200701
Helena, Montana 59620-0701

# *PROPOSAL*

**Montana Fish, Wildlife & Parks**
**Design and Construction**
**PO Box 200701, 1522 Ninth Avenue**
**Helena, Montana 59620-0701**

**FWP Project #: 7155311**

The undersigned, having familiarized himself with the conditions of the work and the contract documents as prepared by FWP, agrees to furnish all labor, materials, equipment, and services necessary to complete all general construction work, as bid herein, for a project entitled **Smith River WMA 2017 Fencing Project, Meagher County, near Fort Logan, Montana** in accordance with the Contract Documents including all Addenda. Bidder agrees to perform all work described below at the price shown as follows:

**Reminder To Contractors: All Unit Prices must be filled in on the Bid Form for a valid bid (18-2-303 MCA).**

**BASE BID: (Segment A-B)**

| Item # | Description | Estimated Quantity | Unit Measure | Unit Price | Total Amount |
|---|---|---|---|---|---|
| 1. | Mobilization/Demobilization | 1 | LPSM | | $_____ |
| 2. | Fence Removal | 6,545 | LNFT | $_____ | $_____ |
| 3. | New 4-Wire Boundary Fence | 6,545 | LNFT | $_____ | $_____ |
| 4. | New Wire Gate | 5 | EACH | $_____ | $_____ |
| 5. | Single Panel | 36 | EACH | $_____ | $_____ |
| 6. | Double Panel | 5 | EACH | $_____ | $_____ |
| 7. | Four Panel | 3 | EACH | $_____ | $_____ |
| 8. | Stream Crossing | 1 | EACH | $_____ | $_____ |
| | | | | **Total:** | **$_____** |

**BASE BID:** _____
AND _____/100 DOLLARS ($_____).

And certifies that he is a duly and regularly licensed contractor registered with the Montana Department of Labor and Industry:

FIRM NAME:_____ TELEPHONE#_____

SIGNED BY:_____ DATE:_____ REG#_____

BUSINESS ADDRESS_____

ADDENDUM NO. _____ DATE: _____ ADDENDUM NO._____ DATE:_____