

SEALED BID

Project: Swinging Bridge FAS 2023 Flood
Rehabilitation

MT FWP Number: CF615

Name of Contractor: _____

Address: _____

Dept. of Labor & Industry Cert. of Reg.#. _____

Acknowledges Addendum No.: _____

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

PROPOSAL

FWP# CF615

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

The undersigned, having familiarized themselves with the conditions of the work and the contract documents as prepared by Thomas M. Mannatt, Design & Construction; **P.O. Box 200701 Helena, Montana 59620-0701; Phone 406 841-4006**, agrees to furnish all labor, materials, equipment, and services necessary to complete all general construction work, as bid herein, for a project entitled; **Swinging Bridge FAS 2023 Flood Rehabilitation** in accordance with the Contract Documents including all Addenda. The bidder agrees to perform all the 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:

Item #	Description	Estimated Quantity	Unit Measure	Unit Price	Amount
1	Mobilization/Demobilization	1	LS		
2	Roadway Earthwork, Grading & Shaping	619	LF		
3	Stabilization Area Grading, Shaping & Embankment Backfill	1	LS		
4	Swale Earthwork, Grading & Shaping	200	LF		
5	Culvert Installation – 12” HDPE	40	LF		
6	Class III Rip Rap	750	CYD		
Total:				\$	_____

BASE BID: _____

_____ AND _____ /100 DOLLARS (\$ _____).

ADDITIVE ALTERNATE #1:

Contractor Name: _____

Item #	Description	Estimated Quantity	Unit Measure	Unit Price	Amount
7	Parking Area Earthwork, Grading & Shaping	1	LS		
8	1-1/2" Minus Crushed Base Course	385	CYD		
Total: \$ _____					

ADDITIVE ALTERNATE # 1: _____

_____ AND _____ /100 DOLLARS (\$ _____).

TOTAL 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 #: _____ FAX#: _____

BY: _____

REGISTRATION # : _____

BUSINESS ADDRESS: _____

E-MAIL ADDRESS: _____

This bidder acknowledges receipt of the following addenda:

ADDENDUM NO. _____ DATED _____

ADDENDUM NO. _____ DATED _____

ADDENDUM NO. _____ DATED _____

Contractor Name: _____