

Town of Tyrone
2025 HVAC Replacement: Recreation and Old PD
PW-2025-16
STANDARD BID FORM

Bid Of: _____
(CONTRACTOR)

Bid To: Town of Tyrone

Project Name: 2025 HVAC Replacement: Recreation and Old PD

Project Number: PW-2025-16

BASIC BID AGREEMENT:

The undersigned, having examined all the Bidding Documents and acknowledging all Addendum (a) as follows:

BIDDER agrees to perform all the work described in the CONTRACT DOCUMENTS for the following unit prices or lump sum including all applicable taxes and fees:

BID SCHEDULE

No.	Item	Estimate Quantity	Unit	Unit Price	Total Price
1.	HVAC Replacement: Recreation	1	Lump Sum		
2.	HVAC Replacement: Old PD	1	Lump Sum		
3.	Allowance per Special Contingency	1	Lump Sum	\$2,000.00	\$2,000.00

Total of Base Bid (including Special Allowance) \$_____

DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION:

The DATE OF COMMENCEMENT shall be established by the date of the Town's Notice to Proceed. Work shall not commence until the Notice to Proceed is issued.

All work shall be substantially completed where the work can be used for its intended purpose within:

30 Calendar Days

Subject to adjustments as provided in the Contract Documents.

The undersigned further agrees that from the compensation to be paid, the Agency shall retain as Liquidated Damages the sum of Two Hundred Dollars (\$200.00)
For each calendar day the actual construction time to achieve SUBSTANTIAL COMPLETION exceeds the specified or adjusted Contract time for SUBSTANTIAL COMPLETION as provided above.

BID SECURITY: None required.

PERFORMANCE & LABOR AND MATERIAL PAYMENT BONDS: None required

INSURANCE:

Contractor shall provide a Certificate of Insurance to the Owner along with the bid form or within 7 days after the bid.
The Limits shall be no less than the following:

Commercial General Liability

1. General Aggregate	\$1,000,000
2. Products and Completed Operations Aggregate	\$1,000,000
3. Personal and Advertising Injury	\$1,000,000
4. Each Occurrences	\$1,000,000
5. Fire Damage	\$ 50,000
6. Medical Expense (per person)	\$ 5,000

Business Auto Liability (all vehicles)

1. Combined single limit	\$ 500,000
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Workers Compensation

1. State	Statutory
2. Employers Liability	\$ 100,000 per accident
	\$ 500,000 Disease, policy limit
	\$ 100,000 Disease each employee

The owner may obtain builder's risk insurance for the project.

CERTIFICATION REGARDING DRUG-FREE WORKPLACE:

The undersign certifies that the Contractor listed below will provide a "DRUG-FREE WORKPLACE" as that term is defined by Georgia Law.

FEDERAL IDENTIFICATION NUMBER:

(TYPE OR PRINT)

CONTRACTOR'S LICENSE NUMBER:

CONTRACTOR'S EMAIL ADDRESS:

AUTHORIZATION:

(Print or Type Name of Contractor)

(Type or Print Address)

(Type or Print City and State)

(Phone Number)

(Type or Print Name)

(Title)

(Signature)

(Date)