STATE UNIVERSITY

UNIVERSITY FACILITIES MANAGEMENT

Sixth Avenue and Grant Street • PO Box 172760 • Bozeman, Montana 59717-2760 Phone: (406) 994-5413 • Fax: (406) 994-5665

BID PROPOSAL

SUB Food Vendor Renovation PPA No. 22-0056

TO: State of Montana, Montana State University University Facilities Management Attn: Contract Administrator Plew Building, 6th & Grant, PO Box 172760

Bozeman, Montana 59717-2760			
Prospective Bidders:			
The undersigned, having familiarized location, and conditions of the Work Suite 213, 406.219.5992, by submiss all materials, systems, equipment an total sum as follows:	as prepared by Pla nion of this Bid Propos	one, 1174 sal, hereby a	Stoneridge Dr. agrees to provide
BASE BID:			
	\$	and	_/100 DOLLARS
(ALPHA notation)	Φ.		(NUMERIC notation)
LIST OF SUBCONTRACTORS			
This section must be completed to move the complete to move the complete to determine the complete to determine the contractor, enter the name of included in the bid proposal, and the pricing of the alternates, the General the change in subcontractors for each	rmine whether or n submitted). If work of the General Contra e listed subcontractor Contractor shall prov	ot this requ will be per actor. Should s change b vide a listing	uirement is an formed by the discriminates be ased upon the gor notation of
DESCRIPTION OF WORK	SUBCONTRACTOR	2	
[i.e. Mechanical insert here]			

[i.e. Electrical insert here]

i his bidder acknowledges receipt o	it the following addenda:
ADDENDUM No.: D	eated: eated: eated:
requirements of the CONTRACT in stri	all terms specified and AGREES TO fulfill the ict accordance with the bidding documents.
Company Name.	
Business Address:	
Construction Contractor Registration No.:	
Phone No.:	
Fax No.:	
Email:	
Date:	
Bid Proposals entitled to consideration sha the proposal as follows (Initial which requir	all be signed by the proper representative of the firm submitting ement you meet):
The principal of a single owner firm	m;
A principal of a partnership firm;	
	or an agent whose signature is accompanied by a certified d of Directors authorizing that agent to sign; or (attach a copy
Other persons signing for a single evidencing his authority to sign for	e-owner firm or a partnership shall attach a power-of-attorney r that firm.
Signature:	
Print Name:	