

CONSTRUCTION BID FORM

1800 Mercy Drive, Orlando, FL 32808 Patient Tower Reroof

CONTRACTOR INFORMATION:

Name of Contractor _____

Main Office Address _____

Phone Number _____

Contact Person for this Bid _____

Email address of contact person _____

BASE BID

Total Project Bid: \$ _____

Spell Dollar Amount of Bid:

*Please provide a line item estimate of General Conditions as an attachment to this form. Please break out costs by Division.

Additional Bid Information

Payment and performance bond premium is _____% of construction cost.

All owner change orders will include a mark-up of _____% for overhead and _____ % for profit.

Value Engineering and Alternate Options for Owner's Consideration

Description of Alternate/V.E.	Savings (\$ Amount)
_____	\$(_____)
_____	\$(_____)
_____	\$(_____)
_____	\$(_____)
_____	\$(_____)