

ATTACHMENT D: BID FORM

A. ELEVATOR INSPECTION AND MAINTENANCE – BID FORM

The undersigned hereby certifies that all wages are paid in accordance with the Prevailing Wage rates for that category of work, and

- that he is able to furnish labor that can work in harmony with all other elements of labor employed or to be employed in the work;
- that all employees at the worksite will have successfully completed a course in construction safety and health approved by the United States Occupational Safety and Health Administration that is at least 10 hours in duration at the time the employee begins work and who shall furnish documentation of successful completion of said course with the first certified payroll report for each employee.

The following prices represent firm prices effective July 1, 2017 through June 30, 2018 with the option to renew for one additional year.

Location	# of Elevators (see attachment A)	Frequency of Maintenance	Cost per elevator per billing cycle for Maintenance	On-Call Hourly Rate	Hourly rate for weekend, holidays, after hours	Material Cost Plus (not to exceed 15%)	Attendance at 5 Year Annual Inspection (Do not include state fee)	Attendance at Annual Inspection (Do not include state fee)
Town of Barnstable	6	Bi-monthly maintenance and billing						
	1 chair lift	Bi-Monthly						
Barnstable County	4	Monthly Maintenance						
	2 lifts	Monthly						
	1 dumbwaiter	Monthly						
	1 elevator Second District	Monthly Maintenance						
Harwich	4	Monthly						
Sandwich Schools	5	Quarterly Maintenance						
Wellfleet	2	Quarterly						

Receipt of Addendum Number(s) _____ Dated: _____ is hereby acknowledged and reflected in the Bid price (s) shown.

The undersigned proposes to provide services as described in the "Scope of Services" and the entire bid document in accordance with the Bid Specifications, for the Bid price(s) shown.

COMPANY NAME: _____ SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____

PHONE#: _____ DATE: _____

FAX: _____ EMAIL: _____