SECTION 00-4100 BID FORM

| BID I OKIN | | | |
|--|-------------------------|--|--|
| ONE HARDCOPY TO: | ONE ELECTRONIC COPY TO: | | |
| SULLIVAN COUNTY COMMUNITY HOSPITAL | JJCA | | |
| ATTN: MICHELLE FRANKLIN | ATTN: DAVID JOHNSON | | |
| 2200 NORTH SECTION STREET | DJOHNSON@JJCA.COM | | |
| SULLIVAN, IN 47882 | P: (615) 837-0656 | | |
| P: (812) 268-4311 | F: (615) 837-0657 | | |
| TO: SULLIVAN COUNTY COMMUNITY HOSPITAL | | | |



1.01 PURSUANT TO AND IN COMPLIANCE WITH THE INVITATION TO BID AND THE

| PF | ROPO | SED CONTRACT DOCUMENTS RELATING TO CONSTRUCTION OF: |
|----|--|---|
| | Free | standing Medical Office Building for SCCH |
| | Sulliv | van, Indiana |
| | Arch | itect's Project Number: 23987.02 |
| | Inclu | ding Addendum(s) |
| A. | the p and c inspec Work Docu work Docu 1. | undersigned, having become thoroughly familiar with the terms and conditions of proposed Contract Documents and with local conditions affecting the performance costs of the Work at the place where the Work is to be completed, and having fully ected the site in all particulars, hereby proposes and agrees to fully perform the within the time stated and in strict accordance with the proposed Contract uments, including furnishing any and all labor and materials, and to do all of the required to construct and complete said Work in accordance with the Contract uments, for the following sum of money: Base Bid: All labor, materials, services, and equipment necessary for completion of the Work shown on the Drawings and in the Project Manual, except for the items described as "Alternates": |
| | 2. | days and inclement weather) calendar days Alternate No. A1 : If the Owner elects to proceed with Alternate No. A1 , add the sum of: |
| | | Dollars (\$) <i>Add 02</i> |
| B. | Form | Form Supplements: We agree to submit the following supplements with the Bid |
| C. | | lerstand that the Owner reserves the right to reject this Bid, but that this Bid shall ain open and not be withdrawn for a period of thirty (30) calendar days from the |

date prescribed for its receiving.

| D. | The Bidder, if awarded a contract, hereby agrees to commence work under this |
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| | contract on or before a date to be specified in a written notice to proceed from the |
| | Owner and to Substantially Complete the project within the schedule identified with the |
| | bid and allow full Owner occupancy thirty (30) calendar days after Substantial |
| | Completion. |

| | Completion. | | |
|----|---|--|--|
| E. | When the Architect establishes that the method of valuation for Changes in the Work will be net cost plus a percentage fee in accordance with General Conditions, our percentage fee will be as follows on all changes in the Work, including additions and deletions from the Work on which the Bid Amount is based. 1. Overhead and profit on net cost of Bidder work 2. Fee for Bidder on subcontract work ——————————————————————————————————— | | |
| F. | written notice of the acceptance of this bid is mailed or delivered to the undersigned within the above noted days after the date set for the receiving of this bid, or at any other time thereafter before it is withdrawn, the undersigned shall execute and deliver the Contract Documents to the Owner in accordance with this Bid as accepted, and will also furnish and deliver to the Owner the Performance Bond, Labor and Material Payment Bond and proof of insurance coverage, all within fifteen (15) calendar days of the personal delivery or after deposit in the mails of the notification of acceptance of this Bid. | | |
| G. | Notice of acceptance, or request for additional information, may be addressed to the undersigned at the address set forth below. | | |
| Н. | The names of all persons interested in the foregoing Bid as principals are: | | |
| | IMPORTANT NOTICE: If Bidder or other interested person is a corporation, give legal name of corporation, state where incorporated, and names of president and secretary; f a partnership, give name of firm and names of all individual co-partners composing he firm; if Bidder or other interested person is an individual, give first and last names in full) | | |
| | | | |
| | licensed in accordance with an act for the registration of contractors, and with license number in the State of Indiana. | | |
| | license number in the State of Indiana. | | |

I. Signature of Bidder

NOTE: If Bidder is a corporation, set forth the legal name of the corporation together with the signature of the officer or officers authorized to sign contracts on behalf of the corporation. If bidder is a partnership, set forth the name of the firm together with the signature of the partner or partners authorized to sign contracts on behalf of the partnership.

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Freestanding Medical Office Building for SCCH - 23987.02

Addendum 02

| Business Address: | | | | | |
|-------------------|---|--|--|--|--|
| | | | | | |
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| | | | | | |
| Telephone number: | - | | | | |
| Date of proposal: | - | | | | |

END OF BID FORM