MACON-BIBB COUNTY PROCUREMENT OFFICIAL BID TABULATION

DEPARTMENT:

Recreation Dept

BID DATE:

12-Nov-20

BID FOR:

Bowden Roof Repair

BID TIME:

2:00 p.m.

BID NUMBER

2021-006-LS

| | | | | Skyline Constr | uction Services, Inc. | | OFING & Home airs inc. | | | | | | | | |
|------|---------------------------|-----|---------------------------------------|----------------|-----------------------|---------------|---------------------------|-----------------|------------------------|---------------|----------------|---------------|----------------|---------------|----------------|
| ITEM | QTY | U/M | DESCRIPTION | UNIT PRICE | TOTAL PRICE | UNIT PRICE | TOTAL PRICE | UNIT PRICE | TOTAL PRICE | UNIT PRICE | TOTAL PRICE | UNIT PRICE | TOTAL PRICE | UNIT PRICE | TOTAL PRICE |
| 1 | | | | | \$ 130,220 | | | | | | | | | | |
| 2 | | | | | \$97,500 | | \$30,000 | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| 4 | | | 111 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | TOTALS | | \$ 227,720.00 | | \$ 30,000.00 | | \$ - | | \$ - | | \$ - | | |
| | | | | | | | Bid is to | be awarded base | ed on Total bid price. | | | | | | |
| | Submittals (Yes, No, N/A) | | | | | | | | | | | | | | |
| | | | Bid Form | | Yes | | Yes | | | | | | | | |
| | | | Addendum Acknowledged | | Yes | | Yes | | | | | | | | |
| | | | Bidder's Qualification Form | | Yes | | Yes | | | | | | | | |
| | | | List of Sub-Contractors | | Yes | | Yes | | | | | | | | |
| | | | Minority Participation Goal | | Yes | | Yes | | | | | | | | |
| | | | Legal & Financial Stability Affidavit | | Yes | | Yes | | | | | | | | |
| | | | Bid Bond (5% of total base bid) | | No / N/A | | N/A | | | | | | | | |
| | | | E-Verify Affidavit | | Yes | | Yes | | | | | | | | |
| | | | Vendor Type | | F | | Е | | | | | | | | |

I certify that this is a correct tabulation of bid received and opened at the time and place as stated in the bid notice.

I also certify that I have personally and visually checked the tabulation against the proposal forms submitted.

BY? Vendor Type:

A. Local Minority Owned Business

B. Local Non-Minority Owned Business

C. Local Woman Owned Business D. Local Disadvantaged Business

E. Non-Local Minority Owned Business

F. Non-Local Non-Minority Owned Business

G. Non-Local Woman Owned Business H. Non-Local Disadvantaged Business

I. Non-Profit Organization

J. Failed to Identify