	A	В	С	D	E	F	G	Н		N	0	Р	Q	R	S	Т	U	V
1	D	EPAR	TMEN	Г:	Fire Department				BID DATE:	4/13/2023								
	в	ID FOI	R:		Aluminum Walk Around Rescue Vehicle				BID TIME:	2:00 PM								
2 3 4		ID #			23-036-LH													
						Custom Truck & Body Work		FireLine										
5							-							l				
6	Ľ	ſEM	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	
-						PRICE		PRICE		PRICE	PRICE	PRICE	PRICE	PRICE	PRICE	PRICE	PRICE	-
5 6 7 8 9 10 11 12 13		1					\$174,720.00		\$296,879.00									
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18		11																
19					TOTALS		\$174,720.00		\$296,879.00		s -		s -		\$ -		s -	
20							Bid is to be	awarded based or	THIS INFORMAT	TON IS TO BE	EXTRACTED FRO	<mark>M THE BID</mark>	DOCUMENT.					
21										ttals (Yes, No	o, N/A)							
22					Bid Qualification Form		Yes		Yes									
22					Addendum Acknowledgement		Yes		100									
18 19 20 21 22 23 24 25 26 27					List of Sub-Contractors				Yes									
24							Yes											
25					Bidder Minority Participation Goal		Yes		Yes									
26					Financial & Legal Stability Statement		Yes		Yes									
27					Insurability Statement		Yes		Yes									
					Certication Regarding Debarment, Suspension, Ineligibilety		Yes		Yes									
29					Non Collusion Afficavit		Yes		Yes									
28 29 30					Bid Bond (5% of total base bond)		Yes		Yes									
					Macon-Bibb County Vendor Application		Yes		Yes									
22					Form W-9		Yes		Yes									
31 32 33 34 35					E-Verify Affidavit		Yes		Yes									
33																		
34		I	I		Vendor Type		F		F									
35									1	1			1	1	1	1	1	
36	I certify that this is a correct tabulation of bid received and opened at the time and place as stated in the bid notice.																	
37	I also certify that I have personally and visually checked the tabulation against the proposal forms submitted.						ibmitted.											
38	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:																	
39 Vendor Type:															1			
40	A. Local N	Local Minority Owned Business				E. Non-Local Minority Owned Business				I. Non-Profit Org								
41 l	3. Local N	Local Non-Minority Owned Business				F. Non-Local Non-Minority Owned Business				J. Failed to Ident	ify							
42 0	C. Local W	ocal Woman Owned Business				G. Non-Local Woman Owned Business H. Non-Local Disadvantaged Business								<u> </u>		<u> </u>		
43 1	J. LOCAI D	Local Disauvanageu DUSIICSS					11. Hon-Local Disduvalitaged Dusiliess							+		+		