



149/2021

Parking Lots Asphalt Crack Fill and Seal Project

Issue Date: 6/10/2021

Response Deadline: 7/13/2021 02:00 PM (CT)

Contact Information

Contact: Michelle Sorensen

Address: 701 East Broadway

Purchasing/5th Floor

Columbia, MO 65202

Phone: (573) 874-6317

Email: Michelle.Sorensen@CoMO.gov

Event Information

Number: 149/2021
Title: Parking Lots Asphalt Crack Fill and Seal Project
Type: Request for Quotation-Formal
Issue Date: 6/10/2021
Response Deadline: 7/13/2021 02:00 PM (CT)
Notes: Due to COVID-19 Pandemic, access to City Hall has been restricted; all public bid openings for the City of Columbia are cancelled until further notice. Bid responses and proposals may be submitted online through the City of Columbia's bidding website, excluding any original documents needed if/or as set forth in bid documents. Responses may be delivered via carrier service, USPS or if necessary drop off at City Hall by scheduling a time with Michelle Sorensen at (573) 874-6317.

No faxed or e-mail responses shall be accepted. If you choose to submit manually, (hard paper copy) go to "Attachments" print the Final RFQ in its entirety, complete and submit to: City of Columbia, 701 East Broadway, Purchasing/5th Floor, Columbia, MO 65201

Bids must be received in Purchasing and date stamped by the bid closing date and time. Bids shall be in a sealed envelope, have the bid number and description labeled on the outside of the envelope.

Ship To Information

Address: 701 East Ash
Columbia, MO 65201

Billing Information

Address: PO Box 7236
Columbia, MO 65205

Bid Attachments

149-2021 Final RFQ.pdf

[Download](#)

149/2021 - Final RFQ

Bid Attributes

1 Online Response

If responding online, are all documents uploaded?

If submitting online a surety bid bond shall be accepted. Upload the surety confirmation.

If not using a surety bond, an original bid bond on the City of Columbia form will need to be delivered to: City of Columbia, PURCHASING DEPARTMENT, 701 East Broadway, Columbia, MO before bid closing date and time.

X

(Required: Check if applicable)

Supplier Information

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Print Name

Signature