



RESPONSE PACKET

QUOTE BID

Bid Number: 1279



**CITY OF LITTLE ROCK
ARKANSAS**

SIGNATURE PAGE

Type or Print the following information

VENDOR INFORMATION				
Company:				
Address:				
City		State:		Zip Code:
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit	
<p>The City of Little Rock encourages participation of small, minority-owned, disadvantaged, and woman-owned business enterprises in the procurement of goods, services, professional services, and construction, either as a general contractor or sub-contractor. It is further requested that whenever possible, majority contractors that require sub-contractors, seek qualified small, minority, and woman businesses to partner with them.</p> <p>Minority is defined by Arkansas Code Annotated § 15-4-303. The Arkansas Economic Development Commission or the Arkansas Department of Transportation conduct a certification process for these businesses. Check if any of the following apply to your company:</p>				
<input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> American Indian <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Disadvantage Business Enterprise				
Provide your certification number (if applicable):				

CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:		Title:	
Phone:		Alternate #:	
Email:			

Upon signing this document, the vendor certifies that they have read and agree to the requirements set forth in this solicitation including specifications, conditions and pertinent information regarding the articles being bid upon. The vendor agrees that any additional terms or conditions submitted by the vendor that conflict with requirements in this solicitation, whether submitted intentionally or inadvertently, may cause the vendor’s proposal to be rejected. If the City, in the City’s sole discretion, determines that such a conflict applies to a material term of this solicitation, then the vendor’s proposal shall be disqualified.

Authorized Signature: _____ Title: _____

Printed/Typed Name: _____ Date: _____

OFFICIAL PRICE SHEET

- Quantities listed are estimates only and are used for evaluation purposes.
- The City shall have the right to adjust the quantities based on the actual usage.
- Any cost not identified by the successful vendor but subsequently incurred in order to achieve successful operation shall be borne by the vendor.

DESCRIPTION	QTY	UOM	TOTAL
Location A: 2200 Commerce St	1	EACH	
Location B: 902 S Maple St	1	EACH	
TOTAL BID PRICE			

I have read and agree to comply with the above specifications and understand if being the lowest bidder, my bid will be analyzed in detail prior to bid recommendations.

Company Name

Phone number

Representative Printed Name

Title

HOUSING & NEIGHBORHOOD PROGRAMS
500 WEST MARKHAM STREET, SUITE 120W
LITTLE ROCK, AR 72201
PHONE: 501-351-2254 FAX: 501-565-7646

DEMOLITION CONTRACT PROCEED ORDER

Event # 1279 PO# _____

RE: CUT and CLEAN, REMOVAL OF DEBRIS, DEMOLITION and SITE CLEANUP at:

1. _____

Dear: _____

You are hereby notified to proceed with the air monitoring, water control and DEMOLITION, DEBRIS REMOVAL and SITE CLEANUP as shown on this proceed order, and according to your agreed contracted price.

Your attention is directed to the provisions which require you to commence work no later than three (3) days after you receive this notice and requires completion of the work within fifteen (15) calendar days.

Please read carefully as the following must be initialed in the blank next to each of the following requirements and signed by the contractor for the following procedure to be taken before and after all demolitions: **Please be advised the following will be strictly enforced:**

#	TASK/ITEM	INITIAL
1.	Contact 411 to insure all utility disconnections	1.
2.	Obtain all necessary sewer seal permits and demolition permits	2.
3.	Work shall not commence until City Official is on site to verify proper site location and the description of work needed to be done	3.
4.	Contact City Official before grading and filling site, it is mandatory that site be inspected before filling of site occurs	4.
5.	Contact City Official for request and approval of any extensions	5.
6.	Turn in all dump receipts, and invoices for each property	6.
7.	Contact Staff at completion of the demolition for site final inspection	7.
8.	The above notice was received on: _____ which establishes the completion date as:	8.

Signatures:

Contractor: _____

Contractor's Agent's Signature: _____ Date: _____

City Official's Signature: _____ Date: _____