

Coastal Community Center for the Arts
College of Coastal Georgia

Proposal Form



1. Please indicate the bid package(s) for which you are interested in qualifying/bidding:

2. Company Name:

3. Base Bid Costs

A. Base Bid Cost: \$_____

4. Bidder acknowledges receipt of the Addenda checked on the list below and confirms that the information within these addenda has been incorporated into the bid amount. *Please note that there may be more boxes than actual addenda. Do not check boxes that do not apply.*

- Addendum 1
- Addendum 2
- Addendum 3
- Addendum 4

5. Bid Alternates

A. Alternate #1: Add Subcontractor Payment and Performance Bond
(ADD)_____

B. Alternate #2: Remove the stain grade wood veneer over 5/8" MDF panels and 1x blocking on the face of the balcony from the scope of work. Finish and paint the sheetrock behind the panels. (ADD /DEDUCT)_____

C. Alternate #3: Remove the stain grade wood veneer wall and ceiling over 5/8" MDF panels and 1x blocking on the wall and ceiling at the ticketing/concessions area (room 104). Finish and paint the sheetrock behind the panels. (ADD /DEDUCT)_____

**Coastal Community Center for the Arts
College of Coastal Georgia**

Proposal Form

D. Alternate #4: Remove all stain grade wood veneer over 5/8" MDF panels and 1x blocking on Auditorium walls. Finish and paint the sheetrock shown behind the panels.

(ADD/DEDUCT)_____

6. Signatures:

Authorized Signature

Title

Print Name

Date

8. Main Office Locations & Company Contacts, please complete the table below.

Company Name	
Mailing Address	
Office Phone Number	
Project Contact	
Email Address	
Cell Phone Number	

9. Please list 3 similar projects that your company has completed in the last 5 years.

Project #1	
Name of Project	
Description of Work Performed	
Owner Name Owner Phone Number Owner Email	

**Coastal Community Center for the Arts
College of Coastal Georgia**

Proposal Form

Architect Name Architect Phone Number Architect Email	
GC or CM Name GC or CM Phone Number GC or CM Email	
Final Contract Dollar Value	
Date Complete	

Project #2	
Name of Project	
Description of Work Performed	
Owner Name Owner Phone Number Owner Email	
Architect Name Architect Phone Number Architect Email	
GC or CM Name GC or CM Phone Number GC or CM Email	
Final Contract Dollar Value	
Date Complete	

Project #3	
Name of Project	
Description of Work Performed	
Owner Name Owner Phone Number Owner Email	
Architect Name Architect Phone Number Architect Email	

**Coastal Community Center for the Arts
College of Coastal Georgia**

Proposal Form

GC or CM Name	
GC or CM Phone Number	
GC or CM Email	
Final Contract Dollar Value	
Date Complete	

10. Please list your safety EMR for the past 5 years.

Present Rate	
Last Rate	
Year Before Rate	
Year Before Rate	
Year Before Rate	

11. Has your company filed any claims against a CM at Rick or General Contractor in the past five (5) years, whether resolved or still pending resolution?

Yes No

If yes, state the project name(s), year(s), and reason why:
