

**CHESAPEAKE BAY
BRIDGE and TUNNEL DISTRICT**



FILLABLE BID DOCUMENT

PROJECT DESCRIPTION:

STEEL BRIDGE PAINTING

PROJECT NUMBER: 5044.5122; BID NUMBER: M-26-001

(Name of Individual, Firm or Corporation)

CHESAPEAKE BAY BRIDGE AND TUNNEL DISTRICT

ACKNOWLEDGEMENT OF REVISIONS

Acknowledgement shall be made of receipt of any and all revisions and/or addenda pertaining to the above designated project which are issued by the District prior to the bid opening date shown herein. Failure to include this acknowledgement in the bidding may result in the rejection of your bid.

By signing this bid, the Bidder acknowledges receipt of the following revision and/or addenda to the bid and/or plans for the above designated project which were issued under cover letter(s) of the date(s) shown hereon:

1. Cover Letter of _____
(Date)
2. Cover Letter of _____
(Date)
3. Cover Letter of _____
(Date)

CHESAPEAKE BAY BRIDGE AND TUNNEL DISTRICT

WORK REFERENCES

Both the bridge painter and the steel repair contractor, shall list at least three (3) similar projects performed in the past five (5) years. Each listed project shall include the name, address, contact person(s) and the telephone number of the Owner and Owner's representative for whom the work was performed, the description and value of the portion of the project with work of a similar nature. Each listed project shall also include the project location, completion date and the names of the Bidder's project manager and superintendent(s). If for any of the listed projects, the Bidder's participation was that of a subcontractor, the value of the subcontracted work performed by the Bidder shall be included. In such cases, the Owner of the project is the General Contractor.

Project Name: _____

Date of Project: _____ Project Value: _____

Contact Person: _____ Telephone Number: _____

Description of Work Performed: _____

Project Name: _____

Date of Project: _____ Project Value: _____

Contact Person: _____ Telephone Number: _____

Description of Work Performed: _____

Project Name: _____

Date of Project: _____ Project Value: _____

Contact Person: _____ Telephone Number: _____

Description of Work Performed: _____

CHESAPEAKE BAY BRIDGE AND TUNNEL DISTRICT

NON-COLLUSION AFFIDAVIT

THIS FORM must be completed, signed, notarized and returned with Bid; and failure to do so, may result in the rejection of your Bid. A separate form must be submitted by each principal of a joint venture Bid.

1. In preparing and submitting this Bid, I, the firm, corporation or officers, agents or employees thereof did not, either directly or indirectly, enter into any combination or arrangement with any person, firm or corporation or enter into any agreement, participate in any collusion, or otherwise take any action in the restraint of free, competitive bidding in violation of the Sherman Act (15 U.S.C. Section 1) or Article 1.1 or Chapter 12 of Title 18.2 (Virginia Governmental Frauds Act), Sections 59.1-9.1 through 59.1-9.17 or Sections 59.1-68.6 through 59.1-68.8 of the Code of Virginia.

2. I, the firm, corporation or officers, agents or employees thereof have neither directly nor indirectly entered into any combination or arrangement with any person, firm or corporation or entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with this Contract, the effect of which is to prevent competition or increase the cost of construction of this Contract.

During the preceding 12 months, I (we) have been a member of the following Highway Contractor's Associations, as defined in Section 33.1-336 of the Code of Virginia (1970). (If none, so state).

Name

Location of Principal Office

3. The undersigned is duly authorized by the Bidder to make the foregoing statements to be filed with Bids submitted on behalf of the Bidder for this Project.

Signed at _____, this _____ day of _____, 20 ____.

Name of Organization _____

By: _____

(Signature and Title)

State of _____

To-wit:

County (city) of _____,

I, _____, a Notary Public in and for the State and County (City) aforesaid, hereby certify

that this day _____ personally appeared before me and made oath that he is duly authorized to make the above statements and that such statements are true and correct:

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Notary Public

My commission expires _____.

Item #	Item Description	QTY	Unit	Unit Price	Amount
1	Mobilization	1	Lump Sum	\$ _____	\$ _____
2	Rivet or Bolt Replacement	20,000	Each	\$ _____	\$ _____
4	Clean and Repaint - NCB-NB	1	Lump Sum	\$ _____	\$ _____
5	NCB-NB FB Repair Type 1	75	Each	\$ _____	\$ _____
6	NCB-NB FB Repair Type 2	35	Each	\$ _____	\$ _____
7	NCB-NB FB Repair Type 3	20	Each	\$ _____	\$ _____
8	NCB-NB FB Repair Type 4	100	Each	\$ _____	\$ _____
9	NCB-NB FB Repair Type 5	10	Each	\$ _____	\$ _____
10	NCB-NB FB Repair Type 6	2	Each	\$ _____	\$ _____
11	NCB-NB Stringer Repair Type 1	40	Each	\$ _____	\$ _____
12	NCB-NB Bracing Repair Type 1	90	Each	\$ _____	\$ _____
13	NCB-NB Bracing Repair Type 2	40	Each	\$ _____	\$ _____
14	NCB-NB Bracing Repair Type 3	10	Each	\$ _____	\$ _____
15	NCB-NB Truss Repair Type 1	15	Each	\$ _____	\$ _____
16	NCB-NB Truss Repair Type 2	35	Each	\$ _____	\$ _____
17	NCB-NB Truss FB Repair Type 1	6	Each	\$ _____	\$ _____

Item #	Item Description	QTY	Unit	Unit Price	Amount
18	NCB-NB Truss FB Repair Type 2	20	Each	\$ _____	\$ _____
19	NCB-NB Truss Stringers Repair Type 1	20	Each	\$ _____	\$ _____
20	NCB-NB Truss Stringers Repair Type 3	5	Each	\$ _____	\$ _____
21	NCB-NB Truss Portal Repair Type 1	2	Each	\$ _____	\$ _____
22	NCB-NB Truss Portal Repair Type 2	15	Each	\$ _____	\$ _____
23	NCB-NB Truss Lateral Repair Type 1	3	Each	\$ _____	\$ _____
24	NCB-NB Truss Ladder Repair Type 1	4	Each	\$ _____	\$ _____
25	NCB-NB Truss Ladder Repair Type 2	2	Each	\$ _____	\$ _____
26	NCB-NB Truss Ladder Repair Type 3	2	Each	\$ _____	\$ _____
27	Clean and Repaint - NCB-SB	1	Lump sum	\$ _____	\$ _____
28	NCB-SB Repair Type 1	2	Each	\$ _____	\$ _____
29	Clean and Repaint - FIB-SB	1	Lump sum	\$ _____	\$ _____
30	FIB-SB Girders Repair Type 1	10	Each	\$ _____	\$ _____
31	FIB-SB Girders Repair Type 2	50	Each	\$ _____	\$ _____
32	FIB-SB Bracing Repair Type 1	10	Each	\$ _____	\$ _____
33	FIB-SB Bracing Repair Type 2	2	Each	\$ _____	\$ _____

Item #	Item Description	QTY	Unit	Unit Price	Amount
34	FIB-SB Bracket Repair Type 1	2	Each	\$ _____	\$ _____
35	Clean and Repaint - FIB-NB	1	Lump sum	\$ _____	\$ _____
36	Clean and Repaint - ASB204	1	Lump sum	\$ _____	\$ _____
37	Clean and Repaint - BSB1	1	Lump sum	\$ _____	\$ _____
38	Clean and Repaint - BNB1-2	1	Lump sum	\$ _____	\$ _____
39	Clean and Repaint - BSB202	1	Lump sum	\$ _____	\$ _____
40	Clean and Repaint - CSB1	1	Lump sum	\$ _____	\$ _____
41	Simple Span Beam Repair Type 1	20	Each	\$ _____	\$ _____
42	Simple Span Utility Repair Type 1	20	Each	\$ _____	\$ _____
43	Simple Span Utility Repair Type 1A	10	Each	\$ _____	\$ _____
44	Simple Span Utility Repair Type 2	30	Each	\$ _____	\$ _____
45	Spot Painting - ASB1	500	Sq Ft	\$ _____	\$ _____

Total for BRIDGE PAINTING PROJECT

**Total
Price**

\$ _____

BID PRICE MUST BE WRITTEN AND SHOWN IN NUMBERS, IN CASE OF DISCREPANCY THE WRITTEN AMOUNT WILL SUPERSEDE.

TOTAL PRICE FOR CONTRACT BID ITEMS 1 to 45

_____ \$ _____