

**BID FORM**

Date: \_\_\_\_\_

To: *Grady Memorial Hospital*

From: \_\_\_\_\_ (name of Bidder)  
\_\_\_\_\_ (address of Bidder)  
\_\_\_\_\_ (phone number of Bidder)

For: Grady High-Level Interior Signage  
Atlanta, GA

The undersigned, having familiarized themselves with project conditions and having examined and become fully cognizant of the bid package and all addenda subsequently issued, hereby agrees to furnish all labor, materials, equipment, appliances, fixtures, and incidentals required by the bid package for the construction of the aforementioned project, and to conform to requirements as set forth in the bid package for the amounts set forth in this bid form. The signing of this document and award of contract or purchase order will signify complete understanding by the awarded Bidder of all items detailed in this bid package. The particular items noted herein, detailing fabrication, installation, product and fabricator performance, are understood to be part of any contract(s) from Owner.

Pursuant to the requirements as specified, the undersigned submits the following base bid, which includes all applicable taxes (if any), overhead, and profit.

**ADDENDA:**

Please acknowledge all addenda received.

Addendum Number \_\_\_\_\_ Dated \_\_\_\_\_  
Addendum Number \_\_\_\_\_ Dated \_\_\_\_\_  
Addendum Number \_\_\_\_\_ Dated \_\_\_\_\_  
Addendum Number \_\_\_\_\_ Dated \_\_\_\_\_

\_\_\_\_\_  
Name and Company

\_\_\_\_\_  
Signed Date

**BID PROPOSAL FOR  
Grady Memorial Hospital  
High-Level Interior Wayfinding  
Atlanta, GA**

<b>BASE BID</b>						
<i>Please provide unit costs for all sign types in the program.</i>						
<b>Sign Type</b>	<b>Description</b>	<b>Qty.</b>	<b>Unit Cost for Fab</b>	<b>Unit Cost for Install.</b>	<b>Extended Cost for Bid</b>	<b>REMARKS:</b>
D-1a	Main Directory, wall-mounted	2			\$ -	
D-1b	Main Directory, freestanding, angled	2			\$ -	
D-2	Elevator Directory	31			\$ -	
D-2a	Elevator Directory, small	27			\$ -	
D-2b	Elevator Directory, inside cab	14			\$ -	
D-3	Corridor Map	29			\$ -	
G-1	Wall Guide, Large	133			\$ -	
G-2	Wall Guide, Medium	62			\$ -	
G-2a	Wall Guide Medium, narrow	1			\$ -	
I-1	Primary Identifier	79			\$ -	
I-2	Secondary Identifier	18			\$ -	
I-5	Utility Room Identifier	2			\$ -	
I-6	Elevator Graphic, plaque	9			\$ -	
I-7	Elevator Graphic, vinyl	179			\$ -	
I-7a	Elevator Graphic, vinyl	164			\$ -	
N-1	Notice Insert, Portrait	12			\$ -	
O-1	Overhead ID, wall-mounted	20			\$ -	
O-1b	Overhead ID, ceiling-mounted	18			\$ -	
O-1e	Overhead ID, wall-mounted, small	1			\$ -	
O-1f	Overhead ID, ceiling-mounted, small	2			\$ -	
O-2	Overhead Guide, wall-mounted	45			\$ -	
O-2b	Overhead Guide, ceiling-mounted	66			\$ -	
O-2c	Overhead Guide, wall-mounted, 4 lines	25			\$ -	
O-2d	Overhead Guide, wall-mounted, 4 lines	4			\$ -	
O-2e	Overhead Guide, wall-mounted, small	3			\$ -	
O-2f	Overhead Guide, ceiling-mounted, small	4			\$ -	
O-3	Custom Overhead	2			\$ -	
O-4	Overhead Flag, Large, wall-mounted	47			\$ -	
O-4b	Overhead Flag, Large, ceiling-mounted	5			\$ -	
O-5	Overhead Flag, Medium, wall-mounted	44			\$ -	
O-5b	Overhead Flag, Medium, ceiling-mounted	9			\$ -	
R-1	Regulatory Restroom	41			\$ -	
R-2a	Regulatory Restroom	20			\$ -	
R-7	Regulatory Information, Medium	90			\$ -	
V-1	Vinyl	11			\$ -	
	<b>Total</b>	1221			\$ -	
				<b>Demolition</b>		
				<b>Patch &amp; Repair</b>		
				<b>Shipping Costs</b>		
				<b>TOTAL Cost for Signage Package</b>	<b>\$0.00</b>	

Number of mobilizations included: \_\_\_\_\_  
 Unit cost for additional mobilizations: \_\_\_\_\_

Bidder's Initials \_\_\_\_\_

*\*It is assumed that all requirements of this bid are incorporated into the costs quoted above (including site visits, translation services as specified etc). If there are any items above and beyond the bid scope that you have included in the costs, please list them below.*  
 Items included outside of bid scope **and their costs:**

---



---



---



---

Bidder's Initials \_\_\_\_\_



**BID PROPOSAL**  
**Grady Memorial Hospital**  
**High-Level Interior Wayfinding**  
**Atlanta, GA**

**1. Bidder's Proposed Schedule for the Work** (refer to section II.B.)

Project submittals will be submitted by: \_\_\_\_\_ (Date).

*Note: Allow two weeks at this point for review by Designer and Owner.*

Signs will be fabricated by: \_\_\_\_\_ (Date).

Signs will be installed by: \_\_\_\_\_ (Date).

**2. Bidder's Experience on Other Similar Interior Projects** (refer to section III.D.)

Project	Contact and Phone Number	Dollar Amount	% Complete
---------	--------------------------	---------------	------------

---

---

---

**3. Please provide references from long-term clients you currently serve.**

Type of Work	Company, Contact and Phone Number	Length of Relationship
--------------	-----------------------------------	------------------------

---

---

---

**4. Bidder's Statement of Subsequent Year Pricing** (refer to section VIII.C.)

Owner will be able to purchase additional signage for the program during the period of one year from the signing of a contract at the unit prices listed on this bid form. In subsequent years, the percentage increase for unit pricing will be as follows:

Year Two + \_\_\_\_\_ % above bid prices

Year Three + \_\_\_\_\_ % above bid prices

**5. Subcontractor's Name and Purpose** (refer to section V.D.)

---

---

---

**6. Material Substitutions, Explanation and Cost Differential**

---

---

---

---

**BID PROPOSAL**  
**Grady Memorial Hospital**  
**High-Level Interior Wayfinding**  
**Atlanta, GA**

Bidder's Initials \_\_\_\_\_

**7. Describe your sign re-order process; do you have an on-line ordering system? What is your lead time for re-orders?**

---

**How long do you keep client information active for future re-orders/changes?**

---

**8. Relevant Litigation/Investigations.** Describe any current lawsuit, legal actions or governmental investigations against your company including, but not limited to, parties of dispute, any equipment affected, cause of action, jurisdiction and date of legal complaint. Include in this section any problems that your firm or its personnel have experienced pertaining to training, licensing or certification in the past five (5) years.

---

---

---

---

---

---

---

---

**Bid Submittal Checklist:**

Bid Form:	Owner___	Designer___
Sign Sample:		Designer___
Shop Drawing Sample:	Owner___	Designer___
Keystroke Proof Sample:	Owner___	Designer___

Bidder's Initials \_\_\_\_\_



DEPARTMENT of FACILITIES DEVELOPMENT

**PROPOSAL BREAKDOWN**

Project Name:  
GHS-FD Project #:  
Bid Due Date:

**FIRM NAME**  
GRADY HOSPITAL INTERIOR WAYFINDING  
F2017008  
**MM/DD/YY**

SERVICE DESCRIPTION:	FEE\$	%-AGE OF TOTAL	DIVERSITY PARTNER (FIRM NAME)	REMARKS:
1 <b>BASE FEE PROPOSAL</b>				
2 FABRICATION OF NEW SIGN TYPES		#DIV/0!		
3 REMOVAL OF ALL EXISTING WAYFINDING SIGNAGE		#DIV/0!		
4 INSTALLATION OF NEW SIGN TYPES		#DIV/0!		
5 <b>SUB-TOTAL - BASIC SERVICES</b>	\$ -	#DIV/0!		NOTE 1
6				
7 <b>REQUESTED ADDITIONAL SERVICES</b>				
8 PATCH / PAINT / REPAIR		#DIV/0!		
9		#DIV/0!		
10 <b>SUB-TOTAL - REQUESTED ADDITIONAL SERVICES</b>	\$ -	#DIV/0!		NOTE 1
11				
12 <b>TOTAL FEE PROPOSAL</b>	\$ -			
13				
14 <b>ESTIMATED REIMBURSABLE EXPENSES:</b>				
15				
16 <b>GRAND TOTAL:</b>	\$ -			

**PROPOSED ADDITIONAL SERVICES:**

<b>TOTAL PROPOSED ADDITIONAL SERVICES</b>	\$ -
<b>GRAND TOTAL WITH ALL ADDITIONAL SERVICES</b>	\$ -

**NOTES:**

1 SUPPLIER DIVERSITY \$ - #DIV/0! PARTICIPATION GOAL 25%