

Attachment A

Attachment A
Bid Form

Base Period

| | | |
|--------------|---|-----------------|
| 0001 | <u>FIXED PRICE</u> | |
| | For the Annual Inspection and Maintenance of Aquatic Facilities as specified in the Scope of Work | |
| 0001A | Wilson Aquatic Center | \$ _____ |
| 0001B | Therapeutic Aquatic Center | \$ _____ |
| 0001C | Turkey Thicket Aquatic Center | \$ _____ |
| 0001E | Total Fixed Price (Four Locations) | \$ _____ |

| | | |
|-------|---|-----------------------|
| 0002 | <u>Cost Reimbursement</u> | |
| | Hourly rates for authorized repair work not included in the fixed price scope of CLIN 0001 | |
| 0002A | Mechanic-Estimated 250 hrs. x \$ _____ Fixed Hrly. Rate | = \$ _____ |
| 0002B | Helper - Estimated 250 hrs. x \$ _____ Fixed Hrly. Rate | = \$ _____ |
| 0002C | Material Cost Ceiling not to exceed | = \$ <u>25,000.00</u> |
| 0002D | Total Bid Price (0001J+0002A+0002B+0002C) | = \$ _____ |

Option Year One

| | | |
|--------------|---|-----------------|
| 0001 | <u>FIXED PRICE</u> | |
| | For the Annual Inspection and Maintenance of Aquatic Facilities as specified in the Scope of Work | |
| 0001A | Wilson Aquatic Center | \$ _____ |
| 0001B | Therapeutic Aquatic Center | \$ _____ |
| 0001C | Turkey Thicket Aquatic Center | \$ _____ |
| 0001E | Total Fixed Price (Four Locations) | \$ _____ |

| | | |
|-------------|---|-----------------------|
| 0002 | <u>Cost Reimbursement</u> | |
| | Hourly rates for authorized repair work not included in the fixed price scope of CLIN 0001 | |
| 0002A | Mechanic-Estimated 250 hrs. x \$ _____ Fixed Hrly. Rate | = \$ _____ |
| 0002B | Helper - Estimated 250 hrs. x \$ _____ Fixed Hrly. Rate | = \$ _____ |
| 0002C | Material Cost Ceiling not to exceed | = \$ <u>25,000.00</u> |
| 0002D | Total Bid Price (0001J+0002A+0002B+0002C) | = \$ _____ |

Option Year Two

| | | |
|--------------|---|-----------------|
| 0001 | <u>FIXED PRICE</u> | |
| | For the Annual Inspection and Maintenance of Aquatic Facilities as specified in the Scope of Work | |
| 0001A | Wilson Aquatic Center | \$ _____ |
| 0001B | Therapeutic Aquatic Center | \$ _____ |
| 0001C | Turkey Thicket Aquatic Center | \$ _____ |
| 0001E | Total Fixed Price (Four Locations) | \$ _____ |

| | | |
|-------|---|-----------------------|
| 0002 | <u>Cost Reimbursement</u> | |
| | Hourly rates for authorized repair work not included in the fixed price scope of CLIN 0001 | |
| 0002A | Mechanic-Estimated 250 hrs. x \$ _____ Fixed Hrly. Rate | = \$ _____ |
| 0002B | Helper - Estimated 250 hrs. x \$ _____ Fixed Hrly. Rate | = \$ _____ |
| 0002C | Material Cost Ceiling not to exceed | = \$ <u>25,000.00</u> |
| 0002D | Total Bid Price (0001J+0002A+0002B+0002C) | = \$ _____ |

Company Name: _____

Submitted By: _____ Date: _____
(Signature)