



BID FORM

FOR: INTERPRETIVE SIGNAGE PLAN FOR CITY'S HISTORIC RESOURCES
BID: RFP EP19/20-39
BIDS DUE: TUESDAY, NOVEMBER 10, 2020 AT 11AM

TO: City of East Providence
Controller's Office
City Hall, Room 103
145 Taunton Avenue
East Providence, RI 02914

Total Cost for Scope of Services and Work Products (include an estimate of the cost of each distinct task such as printing, travel and other miscellaneous costs should be itemized and included in the proposed budget not to exceed \$9,000)

Printing Costs

(In Numbers)	(In Words)
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Travel Costs

(In Numbers)	(In Words)
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Miscellaneous Costs (please specify)

(In Numbers)	(In Words)
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(In Numbers)	(In Words)
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(In Numbers)	(In Words)
(In Numbers)	(In Words)
(In Numbers)	(In Words)

A time schedule for completing individual tasks of the scope of work and submission of work products.

Please indicate whether or not incorporated. If so, when?

Yes _____ Date _____

No _____

All prices must be written in numbers and words. In case of discrepancy, the amount shown in words will govern.

Successful bidder will be required to submit a certificate of insurance with the City listed as additionally insured in the amounts listed in the instructions prior to final award.

The City of East Providence reserves the right to reject any or all bids and reserves the right to award the job to the bidder deemed to be in the best interest of the City.

BIDDING FIRM: _____

NUMBER & STREET: _____

CITY/STATE/ZIP: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

PHONE NO: (____) _____ FAX NO: (____) _____

EMAIL ADDRESS: _____