**Cover Sheet and Instructions**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | APPROVED DOCUMENT – This document is approved by the Office of the President and Office of the General Counsel for use by the Facility and is available on electronic media. | | | | |
|  | | |  | | | | |
| **PURPOSE OF DOCUMENT:** | Sets forth the basis of bids and price quotes and contains blank spaces so that all bids will be submitted on an identical form. | | | | | | |
| **CROSS-REFERENCE TO FACILITIES MANUAL:** | FM4[I]:4.5.4 | | | | | | |
| **CONTENTS:** | **Bid Form** | | | | | | |
| **FOR USE WITH:** |  | Long Form  (LF) | |  | Brief Form  (BF) |  | Multiple Prime  (MP) |
|  | Design Build  (DB) | |  | CM at Risk  (CM) |  | Job Order Contract  (JOC) |
| √ | Mini Form  (MF) | |  | Informal Form (IF) |  |  |
| **COMPLETED BY:** | ü | Filling in | | ü | Adding Text |  | No Data Required |
| **ITS USE IS:** | ü | Required | |  | Optional | | |

**Completion Instructions:**

1. Notes, suggested text, instructions and other information is formatted using the following methods:

* Hidden text within brackets. {This is an example of the format.} Read the material within the brackets and take the appropriate action (usually inserting text or selecting from a choice of texts.) When printing this document, the default print property will not print the hidden text.

1. ***Contract Time***. Enter the number of calendar days allowed for completion of the Work.
2. ***Daily Rate for Compensable Delay***. Enter a number of days for the calculation of the daily rate of compensation for Compensable Delay (shown as a “multiplier”); the Bidder fills in the amount of the daily rate of compensation. Each Facility is responsible for determining the multiplier which must be based on an analysis of the project type, scope, anticipated cost, and schedule. A standard formula can be developed for each Facility based on the length of construction for similar types of projects.

4. ***Required Completed Attachments***. The item may not be deleted if Bid Bond or equivalent is required.

**Modifications and Additions:**

1. Areas shaded in gray, without brackets, represent suggested text that may be modified by the Facility to meet the needs of the Project. This is an example of the format. Ensure that any modified or added text is consistent with the Contract Documents.
2. Areas not highlighted in gray, without brackets, shall not be altered without approval of the Office of the President.
3. **List of Subcontractors**

Edited note in the List of Subcontractors, “DIR Registration” o alignment with Labor Code 1771 et seq

**Comments:** None

**END OF COVERSHEET AND INSTRUCTIONS**

{**DELETE BID FORM FOR NEGOTIATED PROJECTS}**

**BID FORM**

For: {PROJECT NAME}

UNIVERSITY OF CALIFORNIA, {FACILITY}.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

Bid to: Contracts Administration

University of California, {FACILITY}

{STREET ADDRESS}

BIDDER’S REPRESENTATIONS

Bidder, represents that a) Bidder and all Subcontractors, regardless of tier, has the appropriate current and active Contractor's licenses required by the State of California and the Bidding Documents; b) it has carefully read and examined the Bidding Documents for the proposed Work on this Project; c) it has examined the site of the proposed Work and all Information Available to Bidders; d) it has become familiar with all the conditions related to the proposed Work, including the availability of labor, materials, and equipment; e) Bidder and all Subcontractors, regardless of tier, are currently registered with the California Department of Industrial Relations pursuant to California Labor Code Section 1725.5 and 1771.1. Bidder hereby offers to furnish all labor, materials, equipment, tools, transportation, and services necessary to complete the proposed Work on this Project in accordance with the Contract Documents for the sums quoted. If awarded the Contract, Bidder agrees to complete the proposed Work within days after the date of commencement specified in the Notice to Proceed.

ADDENDA

Bidder acknowledges receipt of all Addenda. Bidder acknowledges that it is Bidder's responsibility to ascertain whether any Addenda have been issued and, if so, to obtain copies of such Addenda from the University at the address stated above.

LUMP SUM BASE BID

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **$** |  |  | **,** |  |  |  | **.** |  |  |

(Place figures in appropriate boxes.)

**OPTIONAL LANGUAGE (if using Compensable Delay in your bid, be sure to include liquidated damages language in the Supplementary Instructions to Bidders and the Agreement:**

**Delete the following, if not using: “Daily Rate of Compensable Delays with Two Options”.**

*DAILY RATE OF COMPENSATION FOR COMPENSABLE DELAYS WITH TWO OPTIONS*

*Bidder shall determine and provide below the daily rate of compensation for any Compensable Delay caused by University at any time during the performance of the Work. A Facility may choose a minimum compensable delay in the best interests of the Project. If so, use the language in parentheticals { } and in grey highlight:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *{ $* |  |  | ***,*** |  |  |  | ***.*** |  |  | *X* |  | *multiplier* |

*(Place figures in appropriate boxes.)*

*Failure to fill in a dollar figure for the daily rate for Compensable Delay shall be interpreted as a daily rate of “zero.”*

*University will perform the extension of the daily rate times the multiplier.*

*The daily rate shown above will be the total amount of Contractor entitlement for each day of Compensable Delay caused by University at any time during the performance of the Work and shall constitute payment in full for all delay costs, direct or indirect, of the Contractor and all subcontractors, suppliers, persons and entities under Contractor on the Project, including without limitation all subcontractors added by Contract Amendment. The number of days of Compensable Delay shown as a "multiplier" above is not intended as an estimate of the number of days of compensable delay anticipated by the University. The University will pay the daily rate of compensation only for the actual number of days of Compensable Delay, as defined in the General Conditions; the actual number of days of compensable delay may be greater or lesser than the "multiplier" shown above. Bidder shall not bid less than zero dollars for the daily rate (i.e., the daily rate cannot be a negative number).*

*OR*

*Bidder shall determine and provide below the daily rate of compensation for any Compensable Delay caused by University at any time during the performance of the Work for Phase 2. A Facility may choose a minimum compensable delay in the best interests of the Project. If so, use the language in parentheticals { } and in grey highlight.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *{ $* |  |  | ***,*** |  |  |  | ***.*** |  |  | *X* |  | *multiplier* |

*(Place figures in appropriate boxes.)*

*The Minimum Compensable Daily Rate is $ per day. Failure to fill in a dollar figure for the daily rate for Compensable Delay at or greater than the Minimum Compensable Daily Rate shall rend the bid non-responsive.*

*The daily rate shown above will be the total amount of Contractor entitlement for each day of Compensable Delay caused by University at any time during the performance of the Work and shall constitute payment in full for all delay costs, direct or indirect, of the Contractor and all subcontractors, suppliers, persons and entities under Contractor on the Project, including without limitation all subcontractors added by Contract Amendment. The number of days of Compensable Delay shown as a "multiplier" above is not intended as an estimate of the number of days of compensable delay anticipated by the University. The University will pay the daily rate of compensation only for the actual number of days of Compensable Delay, as defined in the General Conditions; the actual number of days of compensable delay may be greater or lesser than the "multiplier" shown above.*

**END OF OPTIONAL LANGUAGE**

LIST OF SUBCONTRACTORS

Bidder will use Subcontractors for the Work:

Yes \_\_\_\_\_\_

If “yes”, provide in the spaces below (a) the name, the location of the place of business, and the California contractor license number of each subcontractor who will perform work or labor or render service to the prime contractor in or about the construction of the work or improvement, or a subcontractor licensed by the state of California who, under subcontract to the prime contractor, specially fabricates and installs a portion of the work or improvement according to detailed drawings contained in the plans and specifications, in an amount in excess of one-half of 1 percent of the prime contractor's total bid, (b) the portion of the work which will be done by each subcontractor. The prime contractor shall list only one subcontractor for each such portion as is defined by the prime contractor in its bid.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subcontractor | | | | | | |
| Portion of the Work Activity (e.g. electrical, mechanical, concrete) | Amount of Subcontract | Name of Business | Location of Business (City) | License No. | DIR Registration No. (*per Cal Labor Code 1771.1*) | Business categories\*  (Check all categories that apply) |
|  |  |  |  |  |  | SBE  DVBE  N/A |
|  |  |  |  |  |  | SBE  DVBE  N/A |
|  |  |  |  |  |  | SBE  DVBE  N/A |
|  |  |  |  |  |  | SBE  DVBE  N/A |
|  |  |  |  |  |  | SBE  DVBE  N/A |

Total percentage of bid amount to be performed by SBEs and DVBEs: \_\_\_\_\_\_\_\_\_\_

(Note: Add additional pages if required.)

REQUIRED COMPLETED ATTACHMENTS:

The following documents are submitted with and made a condition of this Bid:

**{REQUIRED ONLY IF CONTRACT AMOUNT IS > $50,000}**

1. Bid Security in the form of

(Bid Bond or Certified Check)

CALIFORNIA CONTRACTOR'S LICENSE(S):

(Name of Licensee)

|  |  |  |
| --- | --- | --- |
| (Classification) | (License Number) | (Expiration Date) |

|  |  |
| --- | --- |
|  | (Name of Firm)  a  (Type of Organization)  By:  (Signature)    (Printed Name)    (Title)    (Telephone Number)    (Full Address)    (email address) |