ATTACHMENT B

DELAWARE COUNTY HEALTH DEPARTMENT YEADON WELLNESS CENTER FLOORING PROJECT (eDCHD-100226)

BID COST FORM/SIGNATURE PAGE

TO THE COUNTY OF DELAWARE COUNTY COUNCIL:

The undersigned declares that he/she has read the Notice, Instructions, Affidavits and Scope of Services attached, that he/she has determined the conditions affecting the Bid and agrees, if this Bid is accepted, to furnish and deliver services for the following:

DELAWARE COUNTY HEALTH DEPARTMENT YEADON WELLNESS CENTER FLOORING PROJECT

Attached, please find our total cost based on the necessity of each line item, the quality of the product, and the level of detail.

The following items are itemized for each major portion of the specifications:

- Hours of work and total cost of the materials. The itemized costs must be totaled to produce a Bid price. If awarded a contract, the Contractor is bound by this price in performing the work. The contract price may not be exceeded unless the contract is amended to allow for additional costs.

Description	Extended Cost
GENERAL FLOORING REPLACMENT	
COMMUNITY ROOM FLOORING	
COVE BASE	
CONTENTS/FURNITURE RELOCATION	
DEBRIS REMOVAL	
TOTAL BID COST	

The undersigned is a (Corporation) (Partnership) (Individual) under the laws of the State of _____ having its Principal office at _____

Company

Federal I.D. # or Social Security #

Address

Signature of Authorized Agent

Type or Print Name

Title of Authorized Agent

Date

Telephone Number

Email Address

Fax Number