

# East Side Commercial District Program (ESCDP) - Jefferson Avenue



Citizens Alliance, Inc./Black Chamber of Commerce of WNY  
836 East Delavan Ave Buffalo, NY 14215 (716) 597-0262



## General Contractor Bid Submittal Form

**Bid Due Date:** Monday, June 28, 2021 by 5pm to [almabrown@cbca.email](mailto:almabrown@cbca.email)

Received: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Name of Contractor's Business (the "Contractor"): \_\_\_\_\_

Contractor's Phone# \_\_\_\_\_ Contractor Email: \_\_\_\_\_

Contractor Mailing Address:  
\_\_\_\_\_

The undersigned Contractor acknowledges that he/she has received the Scope of Work and specifications for this project, and that he/she has carefully reviewed and understands these documents.

The Contractor confirms that he/she has personally inspected the Property referenced above, is aware of all existing conditions and limitations, and that, to the best of his/her knowledge, the Scope of Work and specifications are complementary to the requirements of the work to be performed.

The Contractor proposes to furnish all the materials and do all of the work described in the work scope and specifications for the above property for the lump sum of

\_\_\_\_\_ (\$\_\_\_\_\_)

This cost shall cover all expenditures necessary to perform the work called for in the Design Concept Documents.

If this bid is selected and executed between the parties, the Contractor agrees to complete the work described herein within One hundred twenty days (120) from the date of the Notice to Proceed issued by Citizen's Alliance Inc. unless otherwise approved by Citizen's Alliance Inc.

**Provisions:**

1. The Contractor shall start and complete this Agreement within the time period set forth above.
2. This bid, if executed, will be incorporated into the Contract between the Owner and the Contractor.
3. The Contractor agrees to provide a detailed cost breakdown by the Design Concept Documents. This shall be incorporated in the work specifications provided to him/her.
4. The Contractor is prohibited from assigning, in part or in whole, any work or proceeds from said work, acquired through this bid.

**5. ADDENDA RECEIVED:**

No. 1 \_\_\_\_\_ DATE: \_\_\_\_\_

No. 2 \_\_\_\_\_ DATE: \_\_\_\_\_

No. 3 \_\_\_\_\_ DATE: \_\_\_\_\_

**CONTRACTOR:**

\_\_\_\_\_  
NAME SOC. SEC. # OR FEDERAL TAX ID#

\_\_\_\_\_  
SIGNATURE PHONE #

\_\_\_\_\_  
EPA FIRM CERTIFICATION # DATE

**BID FORM**

PROJECT: 261 East Ferry, Solo Eats

Contractor shall have familiarized themselves with the local conditions affecting the cost of the work, the Drawings and Specifications, including any Addenda, and other instructions to Bidders, for the Contract documents scope of work.

**A. LYDON ARCHITECTURAL SERVICES PC**

Drawings:

**B. CBCA Design Concept Documents**

Contractors shall hereby propose to furnish all labor, equipment, and services, and sell to the owner all material required for the project, as specified and shown on the project contract documents.

NOTES: A Pre-Bid to held at 261 E Ferry on Fri 6/11/21 at 11am  
BID DUE Monday 6/28/21 5pm

**A. All work contained in Lydon Architectural Documents**

CO, A1,S2,S1,S2,S3

A. TOTAL BID: \$

**B. All work contained in CBCA design documents, Sheets 1 & 2**

B. TOTAL BID: \$  
  
TOTAL PROJECT BID: \$

By signing and submitting this Bid Form, the contractor acknowledges that he has received, understands, and accepts all information contained in the project contract documents.

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

End Bid Form

CONTRACTOR NAME: \_\_\_\_\_

1. BIDDER shall supply (3) References for Similar Project Experience:

1. Project Name \_\_\_\_\_

Address \_\_\_\_\_

Scope of Services \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

2. Project Name \_\_\_\_\_

Address \_\_\_\_\_

Scope of Services \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

3. Project Name \_\_\_\_\_

Address \_\_\_\_\_

Scope of Services \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_