

# CITY OF BOULDER, COLORADO

Finance Department/Purchasing Division  
1777 Broadway  
P.O. BOX 791  
Boulder, Colorado 80306



BID NO. 06-2010

OPENING DATE: 3:00 p.m., Wednesday, April 14, 2010

## BID FORMS

FOR

### Valmont City Park – Phase 1

This packet contains all the forms necessary to submit a bid for this project.  
It is NOT necessary to submit the entire specifications book with your bid. You must however, complete and sign the bid form to acknowledge compliance with the specifications in their entirety.

FOR ADDITIONAL INFORMATION  
PLEASE CONTACT:

Calder Grey  
PURCHASING COORDINATOR

EMAIL: [greyc@bouldercolorado.gov](mailto:greyc@bouldercolorado.gov)  
TELEPHONE NO. (303) 441-3054

## BID FORM CHECK LIST

- Bid Proposal Form [see Excel Spreadsheet](#)
- COB Form 1 (Bid Bond)
- COB Form 2 (Qualifications Form)
- COB Form 20 (Proposed Subcontractors)
- COB Form 21 (Schedule of Manufacturers & Suppliers)

[Form 1]

BID BOND

Witness:

\_\_\_\_\_, as principal, hereinafter called the "bidding contractor," and \_\_\_\_\_, as "surety," a corporation properly organized under the laws of Colorado or authorized to do business in Colorado, hereby obligate themselves to the City of Boulder, as obligee, hereinafter called the "city," in the penal sum of \_\_\_\_\_ dollars (\$\_\_\_\_\_), which penal sum shall secure the obligation of the bidding contractor to enter into contract with the city for the work associated with

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Project Number \_\_\_\_\_, if the bidding contractor is so selected by the city.

If the city accepts the bid of the bidding contractor, and if the bidding contractor properly executes a contract with the city to perform the work covered by the award, then this obligation shall be null and void.

In the alternative, if the bidding contractor refuses to enter into contract with the city for work described in the bid, but rather pays to the city the difference between the bidding contractor's stated bid amount and the actual amount bid by an alternate bidding contractor, who is accepted by the city, then this obligation shall be null and void.

EXECUTED on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Contractor)

By: \_\_\_\_\_  
(President)

\_\_\_\_\_  
(Surety Company)

By: \_\_\_\_\_  
(Attorney-in-Fact)

[Form 2]

CONTRACTOR/SUBCONTRACTOR QUALIFICATION FORM

I. General Information

Your Company:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

How long have you been in business under the present business name? \_\_\_\_\_

What former name(s), if any, has your company operated under in the past five (5) years?

\_\_\_\_\_

What is the largest contract you have been awarded in the past twelve (12) months?

\_\_\_\_\_

II. Information: Previous Construction Contract

Provide the following information for three (3) contracts you have performed, or are currently performing, within the past five (5) years. At least two (2) contracts must be completed. If you have performed any contract with the City of Boulder, or County of Boulder, or State of Colorado, include information about the least one (1) such contract.

Contract 1

Owner \_\_\_\_\_  
Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

Date Begun \_\_\_\_\_ Date Completed \_\_\_\_\_ Dollar Amount \_\_\_\_\_

Description of Work \_\_\_\_\_

Architect \_\_\_\_\_  
Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

Surety for Performance Bond: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Surety for Labor and Material Bond: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Insurance Company: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Major Subcontractor: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Major Supplier: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Are there any lawsuits, claims, or disputes resulting from this project? If so, please describe:

\_\_\_\_\_

\*\*\*\*\*

Contract 2

Owner \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Date Begun \_\_\_\_\_ Date Completed \_\_\_\_\_ Dollar Amount \_\_\_\_\_

Description of Work \_\_\_\_\_

Architect \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Surety for Performance Bond: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Surety for Labor and Material Bond: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Insurance Company: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Major Subcontractor: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Major Supplier: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Are there any lawsuits, claims, or disputes resulting from this project? If so, please describe:

\_\_\_\_\_

\* \* \* \* \*

Contract 3

Owner \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Date Begun \_\_\_\_\_ Date Completed \_\_\_\_\_ Dollar Amount \_\_\_\_\_

Description of Work \_\_\_\_\_

Architect \_\_\_\_\_  
Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

Surety for Performance Bond: \_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

Surety for Labor and Material Bond: \_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

Insurance Company: \_\_\_\_\_  
Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

Major Subcontractor: \_\_\_\_\_  
Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

Major Supplier: \_\_\_\_\_  
Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

Are there any lawsuits, claims, or disputes resulting from this project? If so, please describe:

\_\_\_\_\_

III. Describe the work you normally perform with your own forces:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- IV. Have you, or any officer or partner of your organization, when working for another organization, failed to complete any work awarded to you or such officer or partner? If so, attach a separate sheet of explanation.
- V. Are there any claims or law suits against your organization, against predecessor organizations of your organization, or against any officer or partner who currently works for your organization which have been brought during the previous five years? If so, attach a separate sheet of explanation.

VI. Resumes

Provide resumes for at least two (2) persons with your company. One resume should be for an officer of the company: president, vice-president, etc. The second resume should be for an operations manager of the company who has had experience directing a job as a contractor or superintendent. An operations manager may also be an officer of the company.

Officer: \_\_\_\_\_  
Name

Operations Manager: \_\_\_\_\_  
Name

VII. Trade References:

- 1.
- 2.
- 3.
- 4.
- 5.

VIII. Bank References:

- 1.
- 2.
- 3.
- 4.
- 5.

IX. Name of Bonding Company and name and address of agent:

- X. Attach a financial statement, audited if available, (consolidated if the contractor is part of an affiliated group), including contractor's latest balance sheet and income statement showing the following items:
- A. Current Assets (*e.g.*, cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory, and prepaid expenses):
  - B. Net Fixed Assets:
  - C. Other Assets:
  - D. Current Liabilities (*e.g.*, accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries, and accrued payroll taxes):
  - E. Other Liabilities (*e.g.*, capital, capital stock, authorized and outstanding shares par values, earned surplus, and retained earnings):

Name of firm preparing financial statement and date thereof:

Is this financial statement for the identical organization named in Part I on page one? \_\_\_\_\_

If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (*e.g.*, parent-subsidiary).

Will this organization act as guarantor of the contract for construction?

[Form 20]

PROPOSED SUBCONTRACTORS

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

[Form 21]

SCHEDULE OF MANUFACTURERS AND SUPPLIERS

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
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