


<p>DELIVER TO: City of Fort Pierce 100 North U.S. #1 Fort Pierce, FL 34950</p> <p>MAIL TO: City of Fort Pierce Procurement Department P.O. Box 1480 Fort Pierce, FL 34954-1480</p>	<p>INVITATION TO BID</p> <p>and</p> <p>BIDDER ACKNOWLEDGMENT</p>
<p>Contact: Gelencia Carter, 772-467-3748</p>	<p>Bid No: 2017-028</p>
<p>Mandatory Site Visit Date: Tuesday, September 19, 2017 - 10:00am</p>	<p>Bid Title: HOUSING REHABILITATION PROJECT FOR 319 North 27th Street</p>
<p>Mandatory Site Visit Location: 319 N. 27th Street Fort Pierce, FL 34950</p>	<p>Bid Opening Location: City of Ft. Pierce Procurement Dept. 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950</p>
<p>Bid Due Date & Time: Wednesday, September 27, 2017 - 3:00pm</p>	<p>If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.</p>
<p>Bidder Name: Close Construction, LLC -----</p> <p>Mailing Address: 301 NW 4th Avenue ----- Okeechobee, FL 34972 ----- -----</p>	<p><i>I hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.</i></p> <p>X  Authorized Signature (Manual)</p>
<p>City, State, Zip Code: Okeechobee, FL 34972</p>	<p>Typed or Printed Name: Thomas C. Close</p>
<p>Type of Entity (Circle One): Corporation Partnership Proprietorship</p>	<p>Title: President/Managing Member</p>
<p>Incorporated in the State of: Florida Year: 1993</p>	<p>Delivery in <u>60</u> days, ARO</p>
<p>Phone Number: 863.467.0831</p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number: 863.763.6337</p>	<p>FEIN or SS Number: 45-2708809</p>
<p>E-Mail Address: danny@closeconstruction.us</p>	<p>Local Business: <u>X</u>Y <u> </u>N MWBE: <u> </u>Y <u>X</u>N</p>
<p>Bid Security is attached, when required, in the amount of \$ <u>N/A</u> F.O.B. DESTINATION</p>	<p>If returning as a "No Bid" state reason:</p>
<p>THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</p>	

DRUG-FREE WORK PLACE FORM

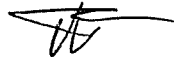
The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that

Close Construction, LLC _____ does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Proposer's Signature

9.27.2017

Date



BID RESPONSE FORM

Bid Item	HOUSING REHABILITATION PROJECT FOR 319 North 27th Street, Fort Pierce, Florida 34950		
Bid Number	2017-028	Due Date & Time	3:00pm Wednesday, September 27, 2017

The offeror agrees to furnish the following items or services to the City of Fort Pierce at the place specified, in accordance with specifications herein at the prices quoted below:

ITEM DESCRIPTION	TOTAL
Replace Roof.	\$ 6,400
Plumbing: Determine leak origination, potentially under slab. Reroute and repair plumbing, as needed to address leak.	\$ 600
Electrical: Rework exposed wiring outside rear of home.	\$ 750
Electrical: Repair electrical wiring issues in Master Bedroom.	\$ 1,200
Electrical: Replace two (2) Security Motion Light units at rear exterior of home.	\$ 250
Replace water heater on new concrete slab; locate new slab and heater approximately 2-3 feet from existing location. Construct cover for new water heater.	2,500
Replace windows with hurricane impact windows.	\$ 7,500
Replace three (3) exterior doors.	1,800
Add mini-split A/C system.	\$ 4,500
Prep and paint exterior of home.	\$ 4,000
<i>Total</i>	\$ 29,500

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE

Vendor Close Construction, LLC
Address 301 NW 4th Avenue
City, State, Zip Code Okeechobee, FL 34972
Email Address danny@closeconstruction.us
Typed Name, Title Thomas C. Close, President/Managing Member
Signature **Date** 9.27.2017
Telephone # 863.467.0831 **Fax #** 863.763.6337

(*Please include Remit to address if different than address stated above)

Remit To: Same as above

Check blocks below for applicable minority indicators: N/A

- † Asian Indian † Black † Asian Pacific Hispanic
 † Native American Small Business † Women Owned Small Disadvantage Business



REFERENCE CHECK FORM

Bid No: <u>2017-028</u>	Title: <u>Home Rehabilitation</u> <u>319 North 27th Street, Fort Pierce, Florida</u>
Bidder/Respondent Name: <u>Close Construction, LLC</u>	
Reference Company Name: <u>DSI-Architects</u>	
Telephone Number: <u>407.790.7826</u>	Fax Number: <u>N/A</u>
Contact Name: <u>Eddie Muse</u>	Email: <u>e.muse@dsi-architects.com</u>
Project: <u>Centerstate Bank, Okeechobee Branch</u>	

Reference Instructions: Submit a minimum of three (3) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to general contracting services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3848.

• When did this company work for you? From: _____ To: _____

• How would you describe the Contractor:

Quality of Work: _____

Dependability: _____

Integrity of owner and employees: _____

What areas could he/she improve upon? _____

Would you contract with this Contractor again? Yes No Maybe

• On a scale of 1 to 5, how would you rate his/her work in general? 1 2 3 4 5

• Add any information/comments that might help us evaluate their ability to perform for us?



REFERENCE CHECK FORM

Bid No: <u>2017-028</u>	Title: <u>Home Rehabilitation</u> <u>319 North 27th Street, Fort Pierce, Florida</u>
Bidder/Respondent Name: <u>Close Construction, LLC</u>	
Reference Company Name: <u>Okeechobee County</u>	
Telephone Number: <u>863.763.0805</u>	Fax Number: <u>N/A</u>
Contact Name: <u>Donnie Oden</u>	Email: <u>doden@co.okeechobee.fl.us</u>
Project: <u>Highway 98 Annex Improvements</u>	

Reference Instructions: Submit a minimum of three (3) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

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Integrity of owner and employees: _____

What areas could he/she improve upon? _____

Would you contract with this Contractor again? Yes No Maybe

• On a scale of 1 to 5, how would you rate his/her work in general? 1 2 3 4 5

• Add any information/comments that might help us evaluate their ability to perform for us?



REFERENCE CHECK FORM

Bid No: <u>2017-028</u>	Title: <u>Home Rehabilitation</u> <u>319 North 27th Street, Fort Pierce, Florida</u>
Bidder/Respondent Name: <u>Close Construction, LLC</u>	
Reference Company Name: <u>Okeechobee Architects</u>	
Telephone Number: <u>863.467.2690</u>	Fax Number: <u>N/A</u>
Contact Name: <u>Mark McCree</u>	Email: <u>mccresearch@msn.com</u>
Project: <u>Pine Creek Sporting Lodge</u>	

Reference Instructions: Submit a minimum of three (3) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

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Quality of Work: _____

Dependability: _____

Integrity of owner and employees: _____

What areas could he/she improve upon? _____

Would you contract with this Contractor again? Yes No Maybe

- On a scale of 1 to 5, how would you rate his/her work in general? 1 2 3 4 5

- Add any information/comments that might help us evaluate their ability to perform for us?



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783**

(850) 487-1395

Received

JUL 10 2016

Close Construction

CLOSE, THOMAS C
CLOSE CONSTRUCTION LLC
P O BOX 2558
OKEECHOBEE FL 34973

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

CGC048773 ISSUED: 06/30/2016

**CERTIFIED GENERAL CONTRACTOR
CLOSE, THOMAS C
CLOSE CONSTRUCTION LLC**

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2018 L1606300000794

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD**

LICENSE NUMBER	
CGC048773	

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018



CLOSE, THOMAS C
CLOSE CONSTRUCTION LLC
301 NW 4TH AVENUE
PO BOX 2558
OKEECHOBEE FL 34972



No. 1025

OKEECHOBEE COUNTY }
STATE OF FLORIDA }

Business Tax Receipt

2017-2018

9/21/2017

IN CONSIDERATION
of the TOTAL SUM OF MONEY
shown hereon, the receipt of
which is hereby acknowledged.

Company ID #: 522

Contractor (0015A) (21-30 Employees)	\$54.00
.....
.....
TOTAL	\$54.00

CLOSE CONSTRUCTION

.....
is hereby licensed to engage in the business, profession or occupation of
.....

Contractor (0015A) (21-30 Employees) [General] Lic. #CGC048773

at **301 NW 4TH AVENUE**

....., in Okeechobee, Florida, for the period beginning the

..... 1st day of October 2017

....., and ending on the 30th day of September, 2018

Celeste Watford

Celeste Watford, C.F.C Tax Collector

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Close Construction, LLC		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ P <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 301 NW 4th Avenue	Requester's name and address (optional)	
	6 City, state, and ZIP code Okeechobee, FL 34972		
	7 List account number(s) here (optional) NAICS Codes 237900 / 236220		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
or									
Employer identification number									
4	5	-	2	7	0	8	8	0	9

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	<i>Sheryl Wells, Treasurer</i>	Date ▶	<i>6/20/17</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/20/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Pritchards and Associates -SLC 10791 SW Tradition Square Port St. Lucie, FL 34987 Kristina M. Morgan-Agency	CONTACT NAME: Kristina M. Morgan- Agency	
	PHONE (A/C, No, Ext): 772-345-7700	FAX (A/C, No): 772-345-7703
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Owners Insurance		32700
INSURER B : Southern Owners		10190
INSURER C : Bridgefield Employers Ins.		10701
INSURER D : Westchester Surplus Lines Ins		10172
INSURER E :		
INSURER F :		

INSURED **Close Construction, LLC**
PO Box 2558
Okeechobee, FL 34973

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			72637778	06/14/2017	06/14/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
D	<input checked="" type="checkbox"/> Pollution GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			G28132219001	06/20/2016	06/20/2017	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			4457286400	06/14/2017	06/14/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			4457286402	06/14/2017	06/14/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	830-29982	04/01/2017	04/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Property Section			72637778	06/14/2017	06/14/2018	
B	Equipment Floate			72637778	06/14/2017	06/14/2018	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

FORIN-1

****FOR INFORMATION ONLY****
Certificate can be issued to specific holder upon receipt of holder name and address.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CITY OF FORT PIERCE BIDDER'S CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline, it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

Check "Yes" or "No" to each of the following:

	YES	NO
Is Invitation to Bid cover page (page 1) completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Bid Response Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is W-9 Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper licensing as stated in bid documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper insurance as stated in bid documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bid envelope is marked accordingly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Drug-Free Work Place form signed and enclosed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Debarment form signed and enclosed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are three (3) complete bid packages included (one original and two copies)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is each Bid Addendum (when issued) signed and included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PLEASE SIGN AND RETURN WITH BID 