



# BID RESPONSE FORM



<b>Bid Item</b>	<b>CDBG RESIDENTIAL REHABILITATION – 1701 N. 19<sup>TH</sup> STREET FORT PIERCE, FL 34947</b>		
<b>Bid Number</b>	2026-012	<b>Due Date &amp; Time</b>	3:00 PM, MONDAY, DECEMBER 1, 2025

This project should be bid according to the housing rehabilitation specifications. 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 COST
Replace Roof and Gutters	\$
Replace HVAC	\$
Replace/Repair front porch	\$
Repair drywall	\$
Misc Plumbing	\$
Permits	\$
<b>TOTAL</b>	\$

The Bidder hereby acknowledges receipt of the following addenda:

N/A - Replaced with Addendum N°1

ADDENDUM NO.	ADDENDUM DATE

**Bid Response Form**  
**Page 2 of 2**

N/A - Replaced with Addendum N°1

**Vendor:** \_\_\_\_\_

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

**City, State, Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Typed Name, Title:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

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

**Remit To:** \_\_\_\_\_

\_\_\_\_\_

**Check block below for applicable minority indicator:**

MINORITY	CHECK BOX
Asian Indian	
Black	
Asian Pacific	
Hispanic	
Native American	
Small Business	
Women Owned	
Small Disadvantage Business	