

REQUEST FORM

BID/RFP

Use this form for C. 149 building construction, 30, 39M public works (non-building) construction contract with labor and 30 B purchases of supplies and services from \$50,000 and over. **This form, any supporting pages must be email to mmaciel@tisburyma.gov or akral@tisburyma.gov**

SECTION 1:

Project Manager/Department Head: _____ Today's Date: _____

Phone: _____ Email: _____

SECTION 2:

Specifications - Description of Project (Attach additional pages whenever necessary).

- quality, performance or experience standards that the vendor must meet;
- actual or estimated quantities;
- service and warranty terms;
- sampling, inspection and test criteria;
- delivery terms or performance deadlines. (prices must include delivery and any freight charges)

PROJECT INFORMATION

Project Title: _____

Account Number: _____

Appropriation: _____

Estimated Cost: _____

Anticipated Start Date: _____ End Date: _____

Contract Term: _____ Fiscal Year: _____

Options to renew: YES / NO 1 Year/2 Years/3Years

Pre-bid Information Meeting Required: Yes/No if yes, please fill out next line.

Pre-Bid Meeting Date: _____ Location: _____

SECTION 3:

What type of contract are you procuring?

SUPPLIES and SERVICES M.G.L. c. 30 B (Over \$50,000)

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PUBLIC WORKS (NON BUILDING) CONSTRUCTION (with labor)

M.G.L. 30, § 39M

Chapter 90 Funding: Yes No

if yes, have you followed all of requirements to fulfill their funding requirements Yes No

(e.g. Mass Highway Pre-qualification Form Required)

Price Adjustment Required: Yes No If yes, circle each: Gas / Diesel / Portland Cement / Liquid Asphalt / Steel

Drawings/Plans: Yes No # of Pages: _____

BUILDING CONSTRUCTION CONTRACTS M.G.L. 149

Construction/Facility improvements with a cost of \$100,000 or more will mandate the implementation of DCAM procedures. DCAM

Certified Contractor Required: Yes No

Filed Sub Bids: Yes No

Drawings/Plans: Yes No # of Pages _____

Category of Work: Trades:

ALTERNATES: Yes /No

How many (list in order of priority)

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SECTION 4:

SUGGESTED VENDORS LIST

Please inform the Procurement Office of any vendors you would like to receive the final
IFB/RFP.

Company Name: _____
Contact Name: _____
Phone: _____
Fax: _____
Email: _____

Company Name: _____
Contact Name: _____
Phone: _____
Fax: _____
Email: _____

Company Name: _____
Contact Name: _____
Phone: _____
Fax: _____
Email: _____

Company Name: _____
Contact Name: _____
Phone: _____
Fax: _____
Email: _____