

# PROJECT DOCUMENTATION CHECKLIST

Project Identification/Location: 2010 Curb Ramp Program

Bid Opening: Apr. 14, 2010 at 10:00 a.m.

Cost Estimate: \$113,912.50

## PART 1. BID PACKAGE

<p><i>Insert Contractor Name, Phone Number &amp; Fax number into spaces at right</i></p>	<p style="font-size: small;">Name: <u>Smith Excavating Inc</u> <u>4426 N Old State Rd</u></p> <p style="font-size: small;">Bid: <u>Norwalk OH 44857</u> <u>\$95,413.15</u></p>	<p style="font-size: small;">Name: <u>Purn Concrete Constr</u> <u>PO 80065 43108</u></p> <p style="font-size: small;">Bid: <u>\$99,615.70</u></p>	<p style="font-size: small;">Name: <u>B &amp; D Concrete</u> <u>5840 Steubenville Rd</u></p> <p style="font-size: small;">Bid: <u>\$94,000.00</u></p>						
<i>Insert checkmark (✓) in appropriate column</i>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Nondiscrimination Agreement									
Signed Bond for the full amount of the Bid <b>OR</b> Certified Check payable to Lucas County for 10% of the full amount of the Bid	X			X			X		
Power of Attorney of the agent signing for the Surety	X			X			X		
Completed "Best Bid" Form	X			X			X		
Completed "CSEA Compliance Affidavit for Businesses"	X			X			X		
Bid Form									
Other:									

Part 1 documentation reviewed by: \_\_\_\_\_

\_\_\_\_\_  
Name
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title
\_\_\_\_\_  
Department
\_\_\_\_\_  
Date

RECEIVED  
 2010 APR 14 AM 10:01  
 LUCAS COUNTY  
 COMMISSIONERS

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<p><i>Insert Contractor Name, Phone Number &amp; Fax number into spaces at right</i></p>	<p style="font-size: small;">Name: <u>West Contracting Inc</u>  <u>1428 Albee 43328</u></p>	<p style="font-size: small;">Bid: <u>\$ 84,500.00</u></p>	<p style="font-size: small;">Name: _____ Bid: _____</p>	<p style="font-size: small;">Name: _____ Bid: _____</p>					
<i>Insert checkmark ( ✓ ) in appropriate column</i>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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Other:									

Part 1 documentation reviewed by:

\_\_\_\_\_ Name \_\_\_\_\_ Signature

\_\_\_\_\_ Title \_\_\_\_\_ Department \_\_\_\_\_ Date