

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



**MACOMB COUNTY PURCHASING DEPARTMENT
REQUEST FOR PROPOSAL**

Proposal Item: 05-19

Proposal Title: MCDR Clinton Service Center New Vehicle Maintenance Facility

Notice to Subcontractors

Colasanti Construction Service, Inc. is the Construction Manager for the construction of the new Vehicle Maintenance Facility located in Clinton Township, MI. Macomb County Purchasing Department will receive proposals up to **2:00 pm, local time, February 14, 2019** for the following trades from qualified bidders:

- Sitework / Earthwork
- Asphalt Paving
- Fencing
- Concrete Work
- Structural Steel and Metal Fabrications

Project Description

This project is for the construction of a New Maintenance Facility for the Macomb County Department of Roads. The scope of the project is to construct a new 30,000 sf single-story vehicle maintenance facility and associated parking lot, driveway, bridge, greenbelt, and detention pond.

Owner

Macomb County Purchasing
120 North Main Street, 2nd Floor
Mt. Clemens, MI. 48043

Program Manager (PM)

Plante Moran CRESA
26300 Northwestern Highway
Southfield, MI. 48076

Construction Manager (CM)

Colasanti Construction Services, Inc.
24500 Wood Court
Macomb, MI. 48042

Architect

DLZ Michigan, Inc.
1425 Keystone Ave.
Lansing, MI. 48911

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



Documents

Bid documents including drawings, specifications, schedule, scope of work as well as other such bid documents will be available on January 31, 2019 at after 12:00 pm EST at the CM's website

<https://colasanti.egnyte.com/fl/p4SddWKxKH> with a Password of **f6R8QwSp** (password is case sensitive).

SUBMISSION PROCEDURES

Date Due: February 14, 2019 at 2:00 PM (local time)

Proposals will be publicly opened and read.

DELIVER via FEDEX, UPS, or hand-deliver DIRECTLY TO 120 North Main Street, 2nd Floor, Mount Clemens, MI 48043 PURCHASING DEPARTMENT BY DUE DATE & TIME.

If USPS is utilized for submissions, there is no guarantee of a timely delivery as the Post Office does not deliver to individual County Buildings.

NO LATE PROPOSALS ACCEPTED.

Mail to: Macomb County Purchasing
Larry Lee, Purchasing Manager
ATTN: Mary Schultz
120 North Main Street, 2nd Floor
Mount Clemens MI 48043

Return: One (1) hard copy original.
One (1) unencrypted electronic copy (CD or USB Flash Drive)
Three (3) copies of the proposal.
Clearly mark on the envelope **SEALED PROPOSAL ITEM 05-19 MCDR Clinton Service Center New Vehicle Maintenance Facility**
Label all submission envelopes with the company name on the outside.

Complete and return all pages requiring vendor response.

All Proposals must be submitted on the forms provided, properly executed and with all items filled out in ink or typed. Do not change or add words to the forms. Unauthorized conditions, limitations, or provisions on or attached to the forms may be cause for rejection of the Proposal. Any Proposer information that is altered by erasure or by inter-lineation prior to submittal must be initialed and explained by notation above the signature of the Proposer.

QUESTIONS

Due: February 8, 2019 at 12:00 PM (local time)

Submit to: Email: jvella@colasantigroup.com
Fax: 586-598-9661

Questions regarding proposal specifications may be directed in writing only, by email or fax. All questions or clarifications must be directed to the Purchasing Department. Any attempt to contact a County department, other than Purchasing, regarding current Proposals may be grounds for disqualification as a vendor. Answers will be posted to MITN.

PRE-BID MEETING (Not mandatory, but highly encouraged to attend)

Date: Thursday, February 7, 2019, at 2:00 PM (local time)

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



**Location: Macomb County Purchasing
120 North Main Street, 2nd Floor
Mount Clemens MI 48043**

This is a Non-Mandatory pre-bid meeting, but highly encouraged to attend.

The purpose of this meeting is to review the job location, and Proposal Specifications. No other site visit will be scheduled.

Facility related questions will be answered at this meeting. Other questions related to the Proposal specifications must be submitted in writing to the Colasanti.

Rights of the Owner

The Owner reserves the right to reject any or all proposals and the right waive defects in proposals.

Bid Guarantee and Contract Security

All Proposals must be accompanied by a certified check, cashier's check, or a satisfactory Surety Bid Bond in an amount not less than five percent (5%) of the total Proposal price. Checks shall be made payable to County of Macomb. No Proposal shall be considered unless it is accompanied by a certified check, cashier's check or a satisfactory Surety Bid Bond.

Award and Execution of Contract

It is the intent to award the Contract to a single lowest responsible bidder, provided the bid is reasonable and the best interest of the County will be served by accepting it.

The bidder to whom the Contract is awarded will be required to execute **the CM's Contract** and if required furnish all bonds and certificates of insurance within ten (10) business days after receiving written notice of the award. If bidder fails to execute and provide the aforementioned then the Contract may be awarded to another bidder.

A sample copy of the CM's Contract can be found in the bid documents.

Construction Schedule

The construction schedule can be found in the bid documents. Bidders shall include all applicable costs to perform their work in conformance with this construction schedule.

Inspection and Testing

All inspections and testing necessary for the construction project will be provided by the County. Should any tests and/or inspections fail the subcontractor will be responsible for costs related to any re-inspections and/or tests.

Traffic Control and Barricading

The CM is responsible to provide construction barricades/temporary fencing at the perimeter of the site. Should the contract need to modify these barricades/temporary fence then the contractor shall do so at his/her cost and shall be coordinated with the CM's on-site personal.

Bid Submittal and Opening

The CM will receive bids at the office of Macomb County Purchasing and shall be opened publicly.

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



SPECIFICATIONS / SCOPE OF SERVICE

Refer to page 2 of 20 Documents for access to project specific Safety Manual, drawings, specifications, schedule, scope of work, sample insurance certificate, sample contract. Requirements for insurance and performance bond are noted in the sample contract.

INSTRUCTIONS

All Proposals must be submitted on the forms provided, properly executed and with all items filled out in ink or typed. Do not change or add words to the forms. Unauthorized conditions, limitations, or provisions on or attached to the forms may be cause for rejection of the proposal. Any Proposer information that is altered by erasure or by inter-lineation prior to submittal must be initialed and explained by notation above the signature of the Proposer.

LIST

The following is a list of forms that are to be completed and returned:

County Vendor Disclosure Form. . . .	Page 5
Non-Collusion Affidavit	Page 7
Macomb County Preference	Page 8
General Information	Page 9
Work References	Page 10
Federal E-Verify Program	Page 11
Iran Economic Sanction Act	Page 12
Debarment Form	Page 13
Proposal Form	Page 14
Proposal Form Supplement	Page 17
List of Sub-Contractors	Page 19

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



County of Macomb, Michigan
VENDOR DISCLOSURE FORM

The Macomb County ethics ordinance requires vendors of the County to complete and file a disclosure statement, the purpose of which is to disclose any financial relationships or other conflicts of interest that may exist between vendors and employees or elected officials (or their appointees) of the County. Once filed, the disclosure form does not need to be updated unless there is a change in circumstance that would cause the answer to any of the questions to change, at which time an amended disclosure form must be filed. Filing of the disclosure form is considered a condition of payment.

PLEASE RETURN THE COMPLETED FORM TO:

Macomb County Purchasing Department
ATTN: Vendor Disclosure
120 North Main Street, 2nd Floor
Mount Clemens MI 48043

VENDOR NAME: _____

1. Does the vendor currently employ a relative of any employee, elected official or appointee of an elected official of Macomb County? Relative is defined as husband or wife, father or mother, son or daughter, brother or sister, uncle or aunt, first cousin, nephew or niece, great uncle or great aunt, grandfather or grandmother, grandson or granddaughter, father-in-law or mother-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, stepfather or stepmother, stepson or stepdaughter, stepbrother or stepsister, half-brother or half-sister, the parents or grandparents of the individual's fiancée.

YES NO

If yes, please answer the following:

- A. Name of County employee or elected official (or appointee): _____
- B. County Position/Title: _____
County Department or _____
- C. Agency: _____

2. Does any employee or elected official of Macomb County have an interest in the vendor organization in any of the following capacities, either compensated or non-compensated: director, officer, partner, beneficiary, trustee, member, employee or contractor.

YES NO

If yes, please answer the following:

- A. Name of County employee or elected official (or appointee): _____
- B. County Position/Title: _____
- C. County Department or Agency: _____

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



D. Position/Title with Vendor: _____

3. Does any current employee or elected official of Macomb County have legal or beneficial ownership of 10% or more of the outstanding stock of the vendor organization?

YES NO

If yes, please answer the following:

A. Name of County employee or elected official (or appointee): _____

B. County Position/Title: _____

C. County Department or Agency: _____
% of Ownership of Vendor

D. Organization: _____

4. In the last five calendar years, has the vendor failed to perform or otherwise deliver on the terms of a contract or agreement with Macomb County, or any other public entity, including suspensions or debarments?

YES NO

If yes, please provide further explanation:

I hereby certify that the information included on this form is complete, true and accurate to the best of my knowledge and belief. I understand that either myself or the organization to which this form applies may be subject to sanctions and/or penalties as set forth in the ethics ordinance if any information has been falsified or omitted.

Name (Please Print)

Title

Signature

Date

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



MACOMB COUNTY BASED PREFERENCE

A local preference percentage credit from the following allowance table will be applied to the bid of any County-based Enterprise. This credit will be subtracted from the Proposal of the County-based Enterprise. In comparing Proposals, the Proposal of the County –based Enterprise after subtraction of the credit shall be considered the official Proposal. However, if the County-based Enterprise is awarded the Contract, the Proposal without the equalization percentage credit shall be the Contract price.

<u>Contract Amount</u>	<u>Local Preference Percentage</u>
Up to \$50,000.00	5
\$50,000.00 to \$200,000.00	3
\$200,000.00 and over	1

1. No business shall receive these credits unless it has been certified by the Purchasing Manager.
2. Any business who claims entitlement to any local preference credit shall disclose the records necessary to establish eligibility to the County.
3. After applying any local preference credits as provided above, the Contract shall be awarded to the lowest Responsible Proposer thus evaluated.

IN ORDER TO DETERMINE IF YOUR BUSINESS IS ENTITLED TO RECEIVE A LOCAL PREFERENCE PERCENTAGE CREDIT PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is your business headquarters physically located within Macomb County, or has it been conducting business at a location with a permanent street address in the County of Macomb on an ongoing basis for not less than one taxable year prior to your Proposal or response to this Request for Proposal? **YES _____ NO _____**
2. Has your business paid property taxes on real or personal property within the past year on property which is ordinarily needed to perform the proposed contract? **YES _____ NO _____**
3. Are at least 50 percent of your regular full-time employees based at the County location to perform the proposed contract? **YES _____ NO _____**
4. Has your business been dealing for at least one year on a regular commercial basis in the kind of goods or services which are the subject of this bid or proposal? **YES _____ NO _____**

Drug Screening

To the extent not prohibited by law, all contracts for construction, repair, alteration, or rebuilding of a County building or other property shall include a provision requiring the contractor and any subcontractor providing services under the contract to conduct pre-hire screening for illegal drug use by their employees who provide services under the contract.

If applicable, is your business compliant with this requirement? **YES _____ No _____**

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



GENERAL INFORMATION

In further description of this Proposal, we desire to submit sheets marked as follows:

Proposing under the name of: _____

DUNS Number: _____

Federal Employer Identification Number: _____

which is (check one of the following):

() Corporation, incorporated under the laws of the State of:

() Partnership, consisting of (list partners):

() Assumed Name (Register No.) _____

() Individual

AUTHORIZED SIGNATURE: _____

Printed or typed signature: _____

Title: _____

Address: _____

City, State: _____

Date: _____

Telephone Number: _____

Fax Number: _____

Email: _____

When payment on such order or contract is to be directed to the same company at an address different from above, please list the address to be used below:

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



WORK REFERENCES

PROPOSER'S COMPANY NAME _____
Please list at least three (3) companies or public agencies for which you have done similar work.

Macomb County reserves the right to reject low Proposals for poor past performance or inadequate references.

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



FEDERAL E-VERIFY PROGRAM

The Macomb County Board of Commissioners has established a policy regarding the Federal E-Verify Program. This policy states that future contracts (including both new and reviewing contracts) between Macomb County and contractors and vendors who provide services in excess of twenty-thousand dollars (\$20,000) shall require the contractors and vendors to register with, participate in, and utilize the E-Verify Program (or any successor program implemented by the federal Department of Homeland Security and Social Security Administration) when hiring their employees and require the County’s Human Resources Department to utilize the E-Verify Program (or any successor program implemented by the federal Department of Homeland Security and Social Security Administration) when hiring new employees.

For more information about E-Verify, go to www.uscis.gov. Click on the E-Verify icon on the bottom left-hand corner of page.

**ACKNOWLEDGMENT OF MACOMB COUNTY’S POLICY
REQUIRING PARTICIPATION IN THE FEDERAL E-VERIFY PROGRAM
AND CERTIFICATION OF COMPLIANCE**

The undersigned hereby acknowledges receipt of a copy of the policy of the Macomb County Board of Commissioners requiring contractors, including those providing professional services, who provide services **in excess of \$20,000 a year** to the County to register and participate in the Federal E-Verify Program.

The undersigned hereby certifies that (he/she/it) will comply with this policy and will register with, participate in and utilize the E-Verify Program or any successor program implemented by the Federal Department of Homeland Security and Social Security Administration when hiring employees.

DATED: _____

Authorized Signature

Printed or Typed Signature

Name of Company



CERTIFICATION OF COMPLIANCE – IRAN ECONOMIC SANCTIONS ACT

Michigan Public Act No. 517 of 2012

The undersigned, the owner or authorized officer of the below-named Proposer _____, hereby certifies, represents and warrants that the Proposer, including its officers, directors and employees, is not an “Iran linked business” within the meaning of the Iran Economic Sanctions Act, Michigan Public Act No. 517 of 2012 (the “Act”), and that in the event Proposer is awarded a contract, the Proposer will not become an “Iran linked business” at any time during the course of performing any services under the contract.

PROPOSER: _____
Name of Proposer

By: _____

Its: _____

Date: _____

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



MACOMB COUNTY DEPARTMENT OF ROADS

VENDOR CERTIFICATION DEBARMENT

All information requested in this section must be completed and the document notarized. Any information omitted, or erroneously reported, may result in disqualification for current or future bidding and supply on behalf of the Macomb County Department of Roads.

The undersigned warrants and presents that they have full complete authority to make representations for and on behalf of the undersigned company and that their representations are fully binding upon the undersigned company.

1. The undersigned are not presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from transactions by any federal department or agency, or any state, county or local municipality, department or agency.
2. The undersigned has not within a three (3) year period preceding this bid been convicted of, or had a civil judgment rendered against them for the commission of fraud, a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction, or a contract a public transaction, violation of federal or state antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
3. The undersigned are not presently indicted for or otherwise criminally or civilly charged by any governmental entity (federal, state or local) with commission of any of the offenses set forth in paragraph 2.
4. The undersigned have not within a three (3) year period preceding this bid, had one or more public transactions (federal, state or local) terminated or attempted to be terminated for cause or default.

IF THE APPLICANT IS UNABLE TO CERTIFY TO ANY OF THE STATEMENTS IN THIS CERTIFICATION, CERTIFICATION AND EXPLANATION SHALL BE ATTACHED AND PRESENTED WITH THIS CERTIFICATION.

THE UNDERSIGNED CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED MADE ON BEHALF OF THE UNDERSIGNED BIDDER.

Bidder:

Bidder Address:

Applicant/Bidder Representative:

Signature: _____
(Print full name)

Subscribed and sworn to before me this
_____ day of _____, 20__.

Notary Public

County of _____,
State of _____

My Commission expires: _____

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



PROPOSAL FORM

Proposer: _____
(print or type company name)

**Proposal Item: 05-19
Proposal Title: MCDR Clinton Service Center New Vehicle Maintenance Facility**

OWNER

MACOMB COUNTY PURCHASING
120 NORTH MAIN STREET, 2ND FLOOR
MT. CLEMENS, MI. 48043

PROGRAM MANAGER (PM)

PLANTE MORAN CRESA
26300 NORTHWESTERN HIGHWAY
SOUTHFIELD, MI. 48076

CONSTRUCTION MANAGER (CM)

COLASANTI CONSTRUCTION SERVICES, INC.
24500 WOOD COURT
MACOMB, MI. 48042

ARCHITECT

DLZ MICHIGAN, INC.
1425 KEYSTONE AVE.
LANSING, MI. 48911

GENERAL AGREEMENTS

- A. The Proposer acknowledges that he/she has had the opportunity to examine the site and locality where the Work is to be performed and has become familiar with the legal requirements, laws, rules, regulations and conditions affecting the cost, progress and performance of the Work; and has made such independent investigations as Proposer deemed necessary to prepare the Proposal. Further, Proposer hereby states that the Base Proposal set forth in this Proposal Response is true and correct.

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



- B. The Proposer acknowledges that he/she has had the opportunity to examine the site and locality where the Work is to be performed and has become familiar with the legal requirements, laws, rules, regulations and conditions affecting the cost, progress and performance of the Work; and has made such independent investigations as Proposer deemed necessary to prepare the Proposal. Further, Proposer hereby states that the Base Proposal set forth in this Proposal Response is true and correct.
- C. The Proposer agrees that this Proposal shall not be withdrawn for a period of 120 calendar days after the scheduled closing time for receiving Proposals.
- D. The Proposer declares that in preparing this Proposal, Proposer is assured of the availability of all labor, materials and products to meet the substantial completion date.
- E. The Proposer acknowledges that the price stated below includes all taxes of whatever character or description.
- F. The Proposer agrees to execute a Contract for work covered by this Proposal, provided that he/she be notified of its acceptance within one hundred twenty (120) days after the opening of Proposals.

SCHEDULE - TIME OF COMPLETION

The undersigned agrees to commence the Work of the Contract Documents on a date specified in a written "Notice to Proceed", and shall fully complete the Work within the required time allowed. Owner requires work to be substantially complete no later than December 16, 2019. The proposed Proposal is in full consideration of this.

ACKNOWLEDGEMENT OF ADDENDA

The Proposer acknowledges receipt of and use of the following Addenda in the preparation of this Proposal:

Addendum No. 1, dated _____, Addendum No. 3, dated _____

Addendum No. 2, dated _____, Addendum No. 4, dated _____

PROPOSAL FORM SUPPLEMENTS

Attached to this Proposal Form and incorporated herein are the following documents, completed in full by the undersigned:

Base Proposal Form Supplement – Unit Prices/Supplemental Fees

BASE PROPOSAL

The undersigned Proposer, having carefully examined the Proposing and Contract Requirements, Conditions of the Contract, Drawings, Specifications, and all subsequent Addenda, all as issued by the Owner, and being familiar with all conditions and requirements of the Work, hereby proposes and agrees to furnish all material, labor, equipment, tools and supervision; and to furnish all services necessary to complete the Work required in accordance with the Proposing Documents for the following projects, in the following amount:

_____ Dollars \$ _____
(Sum to be written out)

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



VOLUNTARY ALTERNATES

The following voluntary alternates are offered by the Proposer. The undersigned agrees that the amounts indicated below shall be added to or deducted from the Base Proposal, as the case may be for each alternate which is accepted.

Description of Voluntary Alternates	Add	Deduct
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____

Respectfully submitted this ____ day of _____, 20__.

By: _____
(Name of Proposing firm or corporation)

Witness:

By: _____
(Signature)

Attest: _____
(Signature)

(Type or print name)

By: _____
(Type or print name)

Title: _____
(Owner/Partner/President/Vice Pres.)

Title: _____
(Corporate Secretary or Assistant Secretary Only)

Address: _____
Phone: _____

License: _____

Federal ID No.: _____

(Affix Corporate Seal Here)

Company Name

Company Representative

Title

Date

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



PROPOSAL FORM SUPPLEMENT - UNIT PRICES/SUPPLEMENTAL FEES

This form is required to be attached to the Base Proposal Form.

Proposer: _____
(print or type company name)

Proposal Item: Bid Package No. 1

Proposal Title: MCDR Clinton Service Center New Vehicle Maintenance Facility

UNIT PRICES

For changing quantities of work item from those indicated in the drawings and specifications upon written instructions from the Owner's Representative, the following Unit Prices shall prevail.

Such Unit Prices shall be understood to include all labor, materials, shoring, hauling removal, overhead, profit, insurance, etc., to cover the finished work of the several kinds called for. Reimbursement of the Contractor will be made strictly on the basis of a quantitative survey of extended material placed for the unit prices shown.

SUPPLEMENTAL FEES

For additional work performed upon instruction of Macomb County, by Sub-Contractors of the Undersigned, add to the Sub-Contractor's prices for such work a fee of **10 %**, which includes all the charges of the undersigned for overhead and profit.

Any additional work performed upon instruction of Macomb County by persons other than the Sub-Contractors of the undersigned, the charges will be actual cost of the labor, and materials, (less all discounts) plus the fee of **5 %**, which includes all the charges of the undersigned for overhead and profit, and to which shall be added the actual cost of insurance & taxes.

Each Proposal covering extra work, shall be accompanied with complete itemized material & labor breakdowns.

For all revisions involving the deletion of contract work, it is agreed that the full credit shall be given Macomb County for such work deleted, including overhead and profit as quoted hereinbefore.

NEGOTIATION

The undersigned agrees that, should the overall cost exceed the funds available, he/she will be willing to negotiate with Macomb County and Architect; for the purpose of making further reductions in the Contract work, and shall agree to give full credit for all such reductions in the work requested by Macomb County, including full value of labor, materials, and Sub-Contract work and reasonable proportionate reductions in overhead and profit, thereby arriving at an agreed upon Contract price.

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



Submitted this ____ day of _____, 20____.

By: _____
(Name of Proposing firm or corporation)

By: _____
(Signature)

(Type or print name)

Title: _____
(Owner/Partner/President/Vice Pres.)

**PROPOSAL ITEM 05-19 – CIVIL & STRUCTURAL
MCDR Clinton Service Center New Vehicle Maintenance Facility**



PROPOSAL FORM SUPPLEMENT - LIST OF SUB-CONTRACTORS

All sealed Proposals for construction contracts shall provide a list of preferred sub-contractors and identify, with documentation, whether each subcontractor is a County-based Enterprise.

NAME OF PROPOSER: _____

NAME OF SUB-CONTRACTOR _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

MACOMB COUNTY BASED ENTERPRISE (Y/N) _____

NAME OF SUB-CONTRACTOR _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

MACOMB COUNTY BASED ENTERPRISE (Y/N) _____

NAME OF SUB-CONTRACTOR _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

MACOMB COUNTY BASED ENTERPRISE (Y/N) _____

NAME OF SUB-CONTRACTOR _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

MACOMB COUNTY BASED ENTERPRISE (Y/N) _____