



45145 W. Madison Ave.
P.O. Box 610
Maricopa, AZ 85139
Ph: 520.568.9098
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www.maricopa-az.gov

APPLICANT’S REQUEST FOR CONTRACTOR BID

CITY OF MARICOPA FAÇADE IMPROVEMENT PROGRAM

You have been selected to receive this invitation to bid on rehabilitation work proposed at the below noted location which is applying for a Façade Improvement Grant from the City of Maricopa.

Owner/Tenant:		Phone:	
Property Address:		Email:	
Contractor Name:			
Address:			
Type of Work:		Bid Due Date/Time:	
Specifications for the work to be done on the property:			

Grant applicants are required to secure 3 bids on project work. The successful bidder will be notified by the applicant; however work will not begin until after a notice to proceed has been issued by the City of Maricopa.



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CONTRACTOR’S BID PROPOSAL

CITY OF MARICOPA FAÇADE IMPROVEMENT PROGRAM

Owner/Tenant:			
Property Address:			
Contractor Name:			
Address:			
Type of Work:		Bid Due Date/Time:	

The undersigned proposes to furnish all labor and material(s) required to complete the work outlined in the specifications for the above referenced project for the sum of _____ dollars (\$_____).

1. All materials will be free of defects and will be covered by manufacturer’s warranties where applicable.
2. All work accomplished by the contractor and/or its representative(s) will be warranted and completed by standard trade practices.
3. Deviation from specifications involving changes in cost will be executed only upon written agreement by the owner/tenant, contractor, and designated City of Maricopa personnel. This will be covered by a change order to the contract and project specifications.
4. This bid proposal is good for 90 days.
5. If selected, each contractor performing reimbursable work on the project must provide a Certificate of Insurance. **Each certificate must include general liability coverage of at least \$1,000,000, worker’s compensation coverage (if applicable) of at least \$1,000,000**, and name the City of Maricopa, and its respected elected officials, officers, employees, agents, and representatives as additional insureds.
6. If awarded the contract, I understand work will not begin until after a notice to proceed has been issued by the City of Maricopa.

Signature _____ Date _____