

CITY OF GEORGETOWN

**BID FORM**

**Water Distribution Contractor Services**

**Exhibit A**

**Due: Wednesday, July 20, 2022, on or before 2:00 PM**

Company Name: \_\_\_\_\_

LABOR AND EQUIPMENT RATES			
ITEM NO.	DESCRIPTION		
	<b>Labor</b>	<b>Straight Time (\$/Hour)</b>	<b>Day Time (\$/Day)</b>
1	Crew Supervisor		
2	Laborer		
3	Equipment Operator		
4	Truck Driver		
	<b>Equipment</b>	<b>Straight Time (\$/Hour)</b>	<b>Day Time (\$/Day)</b>
5	Pickup Truck		
6	Tire-Mounted Backhoe (0'-5' Deep Excavations)		
7	Track Excavator (5'-15' Deep Excavations)		
8	Dump Truck (5-6 CY single axle)		
9	Dump Truck (15-16 CY double axle)		
10	Bore Equipment for 3/4-in. to 2-in. services		
11	Trench Dewatering Pump (8-10 HP)		
12	Traffic Device: Type III Barricade		
13	Traffic Device: 'Road Closed' Sign		
14	Traffic Device: 'Work Ahead' Sign		
15	Traffic Device: 'Detour' Sign		
16	Traffic Device: 36-in Orange Traffic Cone		

Hourly and equipment rates shall include payroll taxes, applicable insurance, business license fees, permits, overhead, and profit. Include fuel costs in the equipment rates.

*Note: The City of Georgetown is not exempt from federal or state excise tax.*

*By signature hereto, the undersigned declares that I acknowledge that I have read and understand all items to be furnished and will comply fully with the requirements and specifications, except where otherwise explicitly noted.*

*The proposer understands that the City of Georgetown (City) shall evaluate proposals according to its Municipal Code and policies. The City reserves the right to reject any submissions and waive any irregularities that it may deem in its best interest.*

*I also represent that I am a duly authorized legal agent and/or employee of the vendor on which I am making the foregoing proposal on its behalf and that no collusion in any form has occurred, either directly or indirectly.*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Name of Firm \_\_\_\_\_

Federal ID # \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

**Vendor Comments:**

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