**ATTACHMENT B  
PROPOSAL FORM**

* 1. **TO:**

Sno-Isle Libraries

7312 35th Ave NE

Marysville, WA 98271  
[vendorsubmissions@sno-isle.org](mailto:vendorsubmissions@sno-isle.org)

(360) 651-7000

* 1. **FOR:**
     1. Project Name: Monroe Library HVAC Replacement
     2. Project Address: 1070 Village Way, Monroe WA 98272
     3. Project Number: RFP No. 2025.09.19 MON
  2. **DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Bidder to enter date)
  3. **SUBMITTED BY:**
     1. Bidder’s Information:
        1. Legal Name and any DBAs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        2. Business Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     2. Bidder’s Authorized Representative Information:
        1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        2. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        3. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        4. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. **OFFER**
     1. Having examined the project location and all matters referred to in the RFP for the above-mentioned project, we, the undersigned, hereby offer to enter into a contract to perform the work for the sum of:
     2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dollars ($\_\_\_\_\_\_\_)
     3. We will obtain the required performance and payment bonds in the amount of the above sum as required by the RFP.
     4. All applicable taxes (except Washington State sales tax) are included in the above sum.
  5. **ACCEPTANCE**
     1. Proposals must provide sixty (60) days for acceptance by the Library District from the Proposal due date.
     2. Library District reserves the right to accept or reject any or all offers and to waive any minor irregularities or informalities.
     3. After acceptance, a written Notice to Proceed will be sent to the successful Bidder by the Library District.
  6. **CONTRACT TIME**
     1. If this Proposal is accepted, we, the undersigned Bidder, will:
        1. Commence work as proposed with the Library District after written Notice to Proceed is posted.
        2. Perform the HVAC equipment replacement within forty (40) business days.
        3. Complete the project by **May 29, 2026**.
  7. **EQUIPMENT INFORMATION**

Please include details below for each piece of equipment you are proposing to replace the existing HVAC equipment with. If you are proposing more equipment, please add in the space below under Section E.

* + 1. **Replacement Equipment 1**
       1. Equipment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       2. Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       3. Leadtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       4. Brief Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    2. **Replacement Equipment 2**
       1. Equipment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       2. Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       3. Leadtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       4. Brief Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    3. **Replacement Equipment 3**
       1. Equipment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       2. Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       3. Leadtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       4. Brief Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    4. **Replacement Equipment 4**
       1. Equipment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       2. Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       3. Leadtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       4. Brief Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    5. **Replacement Equipment – other (if applicable)**
       1. Equipment Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       2. Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       3. Leadtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
       4. Brief Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  1. **OWMBE AND WDVA PARTICIPATION**

If Bidder is certified as a veteran, women, or minority-owned business, please check the appropriate box(es) below and include proof of such certification in your submission.

* + 1. Bidder has been certified by OMWBE as a women or minority-owned business
    2. Bidder has been certified by WDVA as a veteran-owned business
  1. **BID BREAKDOWN**

|  |  |  |  |
| --- | --- | --- | --- |
| **QTY** | **DESCRIPTION** | **TOTAL** | **NOTE** |
| 3 | New Equipment: cooling units  (Lennox HS29-072-1Y 6-ton or approved equivalent) |  |  |
| 1 | New Equipment: chiller  (McQuay ALP019DS42-ER10 10-ton or approved equivalent) |  |  |
|  | Other replacement equipment (if applicable) |  |  |
|  | Cost to repair, refurbish, or replace existing ducted cooling and heating coils |  |  |
|  | Equipment rental (if applicable) |  |  |
|  | Labor |  |  |
|  | Demolition |  |  |
|  | Inspections |  |  |
|  | Permits |  |  |
|  | Hazmat and disposal fees |  |  |
|  | Travel |  |  |
|  | Freight, FOB to the designated delivery point, fuel surcharges, and any other fees related to delivery |  |  |
|  | Administrative fees |  |  |
|  | Cost of doing business  (e.g. Intent/Affidavit filings, business registration fees, etc) |  |  |
|  | 5% Retainage and 100% Payment & Performance Bond fees |  |  |
|  | Other costs  (e.g. lagging, installation, painting, valve replacement, etc) |  |  |
|  | Unforeseen contingent cost (if applicable) |  |  |
| **A** | **SUBTOTAL** **DIRECT** **COST** |  |  |
|  |  |  |  |
|  | OH + PROFIT |  |  |
|  |  |  |  |
|  |  |  |  |
| **B** | **SUB** **TOTAL** |  |  |
|  |  |  |  |
|  | STATE B&O TAX |  |  |
|  | OTHER TAX |  |  |
|  |  |  |  |
| **C** | **SUB** **TOTAL** |  |  |
|  | **GRAND** **TOTAL** **(A** **+** **B** **+** **C)** |  |  |

* 1. **ADDENDA**
     1. The following Addenda have been received. The modifications to the RFP noted below have been considered and all costs are included in the Bid Breakdown.
        1. Addendum #\_\_\_ Dated \_\_\_\_
        2. Addendum #\_\_\_ Dated \_\_\_\_
        3. Addendum #\_\_\_ Dated \_\_\_\_
  2. **BID FORM SIGNATURES**

By signing below on behalf of Bidder, I certify that I have the legal authority to commit the Bidder to a contractual agreement if this offer is accepted. I further certify that Bidder agrees to all Certifications and Assurances listed in Section 8.2 of the RFP.

* + 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
       (Bidder – print the full name of your firm)
    2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
       (Bidder’s authorized signing officer – print name and title)
    3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
       (Authorized signing officer’s signature)
    4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
       (Date signed)