

CERTIFIED BID TABULATION FORM

Project #: GS# 331-184	Bid Date: October 15, 2020	Time: 11:00 am
Project Title: Elevator Improvement MHP HQ (EMER)		
Institution/Agency: Department of Finance and Administration Bureau of Building, Grounds and Real Property		
Professional: <u>Schultz & Wynne, P.A.</u> (BoB PM & clerical initials _____)		

Contractors	Base Bid	Alternates
Fountain Construction Co., Inc. (Diversified) (TK)	\$ <u>665,100</u>	±
Certificate of Responsibility # <u>01484-MC</u>	CR Expires: _____	1. _____ ()
5% Bid Security: <u>Allstate Insurance Services</u>	Mechanical: <u>Fountain Cons.</u>	2. _____ ()
Addenda Received: (# <input checked="" type="checkbox"/>) (#) (#) (#) (#)	Plumbing: <u>Fountain Cons.</u>	3. _____ ()
Days: <u>365</u>	Electrical: <u>Fountain Cons.</u>	4. _____ ()
	Modification on envelope: _____	5. _____ ()
Robertson Construction (Thyssenkrupp) (Diversified)	\$ <u>515,000</u>	±
Certificate of Responsibility # <u>22929-MC</u>	CR Expires: _____	1. _____ ()
5% Bid Security: <u>Grantmeked Engr. Inc.</u>	Mechanical: <u>Diversified 21174-SC</u>	2. _____ ()
Addenda Received: (# <input checked="" type="checkbox"/>) (#) (#) (#) (#)	Plumbing: <u>P</u>	3. _____ ()
Days: <u>365</u>	Electrical: <u>Beo LLC 21351-MC</u>	4. _____ ()
	Modification on envelope: _____	5. _____ ()
	\$ _____	±
Certificate of Responsibility # _____	CR Expires: _____	1. _____ ()
5% Bid Security: _____	Mechanical: _____	2. _____ ()
Addenda Received: (#) (#) (#) (#) (#)	Plumbing: _____	3. _____ ()
Days: _____	Electrical: _____	4. _____ ()
	Modification on envelope: _____	5. _____ ()
	\$ _____	±
Certificate of Responsibility # _____	CR Expires: _____	1. _____ ()
5% Bid Security: _____	Mechanical: _____	2. _____ ()
Addenda Received: (#) (#) (#) (#) (#)	Plumbing: _____	3. _____ ()
Days: _____	Electrical: _____	4. _____ ()
	Modification on envelope: _____	5. _____ ()
	\$ _____	±
Certificate of Responsibility # _____	CR Expires: _____	1. _____ ()
5% Bid Security: _____	Mechanical: _____	2. _____ ()
Addenda Received: (#) (#) (#) (#) (#)	Plumbing: _____	3. _____ ()
Days: _____	Electrical: _____	4. _____ ()
	Modification on envelope: _____	5. _____ ()

I certify that this a correct tabulation of all bids received for this Project on the date stated above. (having checked the Contractor's name and certificate number with the Contractor's Board at www.msbc.state.ms.us / MID at <https://www.mid.ms.gov/licensing-search/company-search.aspx> / MWCC at <https://www.mwcc.ms.gov>).

_____ (Authorized Signature) _____ (Date)