CERTIFIED BID TABULATION FORM

Project #: 390-019	Bid Date: 10-23-2025	Time: 2:00 p.m.
Project Title: Druid Hill Drive Improvements		
Institution/Agency: Capitol Complex Improvement District		
Professional: Neel-Schaffer, Inc.	(BoB PM & clerical initials ______)	

Contractors	Base Bid	Alternates (±)
Hemphill Construction Company, Inc.	$ 147,019.00	1. 46,597.00 (+)
	CR Expires: ______	2. 29,719.00 (+)
Certificate of Responsibility # 02449-MC	Mechanical: N/A	3. ______ ( )
5% Bid Security: Federal Ins. Company	Plumbing: N/A	4. ______ ( )
Addenda Received: (#__) (#__) (#__) (#__) (#__)	Electrical: N/A	5. ______ ( )
Days: 75	Modification on envelope: N/A	( )
Champion Contractors LLC	$ ______	1. ______ ( )
	CR Expires: ______	2. ______ ( )
Certificate of Responsibility # ______	Mechanical: N/A	3. ______ ( )
5% Bid Security: _____ ______	Plumbing: N/A	4. ______ ( )
Addenda Received: (#__) (#__) (#__) (#__) (#__)	Electrical: N/A	5. ______ ( )
Days: 75	Modification on envelope: N/A	( )
______	$ ______	1. ______ ( )
	CR Expires: ______	2. ______ ( )
Certificate of Responsibility # ______	Mechanical: ______	3. ______ ( )
5% Bid Security: _____ ______	Plumbing: ______	4. ______ ( )
Addenda Received: (#__) (#__) (#__) (#__) (#__)	Electrical: ______	5. ______ ( )
Days: _____	Modification on envelope: ______	( )
______	$ ______	1. ______ ( )
	CR Expires: ______	2. ______ ( )
Certificate of Responsibility # ______	Mechanical: ______	3. ______ ( )
5% Bid Security: _____ ______	Plumbing: ______	4. ______ ( )
Addenda Received: (#__) (#__) (#__) (#__) (#__)	Electrical: ______	5. ______ ( )
Days: _____	Modification on envelope: ______	( )
______	$ ______	1. ______ ( )
	CR Expires: ______	2. ______ ( )
Certificate of Responsibility # ______	Mechanical: ______	3. ______ ( )
5% Bid Security: _____ ______	Plumbing: ______	4. ______ ( )
Addenda Received: (#__) (#__) (#__) (#__) (#__)	Electrical: ______	5. ______ ( )
Days: _____	Modification on envelope: ______	( )
______	$ ______	1. ______ ( )
	CR Expires: ______	2. ______ ( )
Certificate of Responsibility # ______	Mechanical: ______	3. ______ ( )
5% Bid Security: _____ ______	Plumbing: ______	4. ______ ( )
Addenda Received: (#__) (#__) (#__) (#__) (#__)	Electrical: ______	5. ______ ( )
Days: _____	Modification on envelope: ______	( )

*** see Proposal Form for any Unit Prices that do not affect base bid nor alternates, if applicable**

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.msboc.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)

last revision added modification on envelope
July 2020