

CERTIFIED BID TABULATION FORM

Project #: 426-026	Bid Date: 04/02/2024	Time: 2:00:00 p.m.
Project Title: ARPA Mitigation North Mississippi State Hospital (EMSH)		
Institution/Agency: Mississippi Department of Health		
Professional: <u>Corbett Legge & Associates, PLLC</u> (UA PM & clerical initials <u>DW+AG</u>)		

Contractors

Tei Store Companies, Inc.

Certificate of Responsibility # 08987-MC

5% Bid Security: Aech Insurance Company

Addenda Received: (# 1) (#) (#) (#) (#)

Days: 210 Electronic Bid: yes no

Terry Service Inc.

Certificate of Responsibility # 08838-MC

5% Bid Security: Lawyers Casualty & Surety Company

Addenda Received: (# 1) (#) (#) (#) (#)

Days: 210 Electronic Bid: yes no

Ewing / Kessler Inc.

Certificate of Responsibility # 17629-MC

5% Bid Security: Swiss Re Corp. Solutions America Ins. Corp.

Addenda Received: (# 1) (#) (#) (#) (#)

Days: 210 Electronic Bid: yes no

Certificate of Responsibility # _____

5% Bid Security: _____

Addenda Received: (# 1) (#) (#) (#) (#)

Days: 210 Electronic Bid: yes no

Certificate of Responsibility # _____

5% Bid Security: _____

Addenda Received: (# 1) (#) (#) (#) (#)

Days: 210 Electronic Bid: yes no

Certificate of Responsibility # _____

5% Bid Security: _____

Addenda Received: (# 1) (#) (#) (#) (#)

Days: 210 Electronic Bid: yes no

Base Bid

\$ 648,580.⁰⁰

CR Expires: _____

Mechanical: Conditioned Air Inc.

Plumbing: Tei Store

Electrical: N/A

Modification on envelope: N/A

\$ 592,565.⁰⁰ unit cost

CR Expires: _____

Mechanical: McLain Mechanical

Plumbing: N/A

Electrical: Allied Industrial Services

Modification on envelope: _____

\$ 594,300.⁰⁰ unit cost

CR Expires: _____

Mechanical: Conditioned Air Inc.

Plumbing: N/A

Electrical: CAI Electric, Inc.

Modification on envelope: _____

\$ _____

CR Expires: _____

Mechanical: _____

Plumbing: _____

Electrical: _____

Modification on envelope: _____

\$ _____

CR Expires: _____

Mechanical: _____

Plumbing: _____

Electrical: _____

Modification on envelope: _____

\$ _____

CR Expires: _____

Mechanical: _____

Plumbing: _____

Electrical: _____

Modification on envelope: _____

Alternates

1. 348,300 ± (+)

2. 100,000.⁰⁰ ± (+)

3. _____ ()

4. _____ ()

5. _____ ()

1. 361,400.⁰⁰ ± (+)

2. 97,500.⁰⁰ ± (+)

3. _____ ()

4. _____ ()

5. _____ ()

1. 345,340.⁰⁰ ± (+)

2. 111,650.⁰⁰ ± (+)

3. _____ ()

4. _____ ()

5. _____ ()

1. _____ ()

2. _____ ()

3. _____ ()

4. _____ ()

5. _____ ()

1. _____ ()

2. _____ ()

3. _____ ()

4. _____ ()

5. _____ ()

1. _____ ()

2. _____ ()

3. _____ ()

4. _____ ()

5. _____ ()

* 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.msdoc.state.ms.us / MID at <https://www.mid.ms.gov/licensing-search/company-search.aspx>

(Authorized Signature)

(Date) last revision