SE-331 QUOTE FORM

| QUOT | E SUBMITTED BY: | | | | |
|---------------------------------|---|-------------------------|--|---------------------------|-------------------------------|
| | | (| Offeror's Name) | | |
| QUOT | E SUBMITTED TO: | | | | |
| | (Agency's Name) | | | | |
| FOR: | OR: PROJECT NAME: Crafts Farrow State Hospital Building Demolition | | | | |
| | PROJECT NUMBER: J12-9832- | PG | | | |
| | | | | | |
| OFFER | | | | | |
| agree perfo | sponse to the Invitation for Minor Construction Q ss, if this Quote is accepted, to enter into a Contra all Work as specified or indicated in the Solic itation and in accordance with the other terms and or | act with the citation D | ne Agency in the form is | included in the Sol | icitation Documents, and to |
| | EROR acknowledges the receipt of the following enda into its Quote (<i>Check only boxes that apply.</i>): | Addenda | to the Solicitation docu | iments and has ince | orporated the effects of said |
| ADD | DENDA: #1 | #2 | □ #3 | #4 | ☐ #5 |
| rema | EROR agrees that this Quote, including all alternation open for acceptance for a period of <u>60</u> Days for to in writing upon request of the Agency. | | | | |
| Offer | EROR agrees that the Date of Commencement of too agrees to substantially complete the Work within strength as provided in the Contract Documents. | | | | |
| for ea | EROR agrees that from the compensation to be parach calendar day the actual construction time require for Substantial Completion, as provided in the Con | red to achi | ieve Substantial Comple | | |
| warra | EROR herewith submits its offer to provide all lanties and guarantees, and to pay all royalties, fee, postruction work: | | | | |
| § 6.1 | BASE QUOTE \$ | | | | |
| | (ent | ter BASE | QUOTE in figures onl | (y) | |
| | § 6.1.1 ALTERNATE NO. 1 \$ | | to be ADDE | D / DEDUCTED (circle one) | from BASE QUOTE. |
| | § 6.1.2 ALTERNATE NO. 2 \$ | | to be ADDE | D / DEDUCTED (circle one) | from BASE QUOTE. |
| SC Contractor's License Number: | | | This Quote is hereby submitted on behalf of the Offeror named above. | | |
| Classification(s) & Limits: | | | BY: | | |
| Address: | | | (Signature | e of Offeror's Repres | entative) |
| Telephon | e: | | (Print or Typ | e Name of Offeror's | • |
| E-mail: | | | DATE: | | |