Section B – Prices (Quote Schedule) to be completed and submitted with completed SF1442

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip Code:_____

Unique Entity ID (12 Digits assigned by SAM.gov) _____

Name and Title of Firm's Point of Contact: _____

Phone Number: _____ Email Address: _____

This requirement is for one (1) Firm Fixed Price Construction contract

Item no.	Item Description	Quantity	Unit of Measure	Unit Price	Total
00010	Lump Sum, Wells & Alternates	1	LS	$	$
	GRAND TOTAL				**$**

Bid Form for UMR NWFR – Districts Artesian Well Capping Project

Task #	Description	Estimated Quantity	Rate	Total
Task 1	Winona District - Artesian Well			
			Total	$
Task 2	La Crosse District - Artesian Well			
			Total	$
	Tasks 1 & 2 Total			
Add Alternate #1	Remove hazard tree prior to performing work			$
Add Alternate #2	Remove piping and culvert from trough to creek.			$
Add Alternate #3	Remove concrete trough			$