APPENDIX A

BID SCHEDULE

BID SCHEDULE

HVAC Preventative Maintenance
YOUTH REGIONAL TREATMENT CETNER AND STANDING ROCK HOSPITAL
BASE + 4 CONTRACT – WAKPALA, SD AND FT. YATES, ND

DESCRIPTION	SCOPE SECTION	QUANTITY	UNIT	UNIT PRICE	EXTENDED PRICE
BASE YEAR Provide PM Services to HVAC Equipment YRTC	2.A & 2.B	1	LS		
BASE YEAR Emergency Repairs and Equipment Replacement (NTE) YRTC	2.C	1	LS		
BASE YEAR Provide PM Services to HVAC Equipment FY	2.A & 2.B	1	LS		
BASE YEAR Emergency Repairs and Equipment Replacement (NTE) FY	2.C	1	LS		
OPTION YEAR 1 Provide PM Services to HVAC Equipment YRTC	2.A & 2.B	1	LS		
OPTION YEAR 1 Emergency Repairs and Equipment Replacement (NTE) YRTC	2.C	1	LS		
OPTION YEAR 2 Provide PM Services to HVAC Equipment FY	2.A & 2.B	1	LS		
OPTION YEAR 2 Emergency Repairs and Equipment Replacement (NTE) FY	2.C	1	LS		
OPTION YEAR 2 Provide PM Services to HVAC Equipment YRTC	2.A & 2.B	1	LS		
OPTION YEAR 2 Emergency Repairs and Equipment Replacement (NTE) YRTC	2.C	1	LS		
OPTION YEAR 3 Provide PM Services to HVAC Equipment FY	2.A & 2.B	1	LS		
OPTION YEAR 3 Emergency Repairs and Equipment Replacement (NTE) FY	2.C	1	LS		
OPTION YEAR 3 Provide PM Services to HVAC Equipment YRTC	2.A & 2.B	1	LS		
OPTION YEAR 3 Emergency Repairs and Equipment Replacement (NTE) YRTC	2.C	1	LS		
OPTION YEAR 4 Provide PM Services to HVAC Equipment FY	2.A & 2.B	1	LS		
OPTION YEAR 4 Emergency Repairs and Equipment Replacement (NTE) FY	2.C	1	LS		
TOTAL ALL LINES:					

In words_____dollars &

_____cents

I hereby acknowledge receipt of these documents above pertaining to the above referenced bid.

Company Name: _____

Contact Person: _____

Address: _____

City:_____State:_____Zip Code: _____

Phone:_____Fax:_____Email: _____

(Signature)_____ (Date)_____