

Hamilton County Bid Proposal Form

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Phone(s): \_\_\_\_\_

Project Address: \_\_\_\_\_

Bid Due Date: \_\_\_\_\_

Total Amount of Bid: \_\_\_\_\_

Total Amount in Written Words: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature, Printed Name, Contractor

\_\_\_\_\_  
Date

I will begin the work within upon receipt of the written Design Contract and Notice to Proceed Order, and will complete the work within 45 days, unless otherwise agreed to by Hamilton County Public Health.

The above total price includes all materials, labor and other costs such as overhead, permits, sales tax and profit. This bid is valid for a period of 30 days after the date this proposal is received by Hamilton County Public Health.

**Mail Bid Packet to:** Hamilton County Public Health

Attn: Felicia Erwin  
250 William Howard Taft  
Cincinnati, OH 45219