EXHIBIT 4

PROPOSAL FORM

SUBMIT ORIGINAL PROPOSAL FORM IN DUPLICATE ON CONTRACTOR'S LETTERHEAD AND INCLUDE BUSINESS NAME, ADDRESS, FEDERAL ID NUMBER, TELEPHONE, FACSIMILE AND SIGNATURE

Note:	NO conditional, incomplete, unsigned, undated, ambiguous, or improper bids/proposals will be ted.
DAT	E:
TIM	E:
TO:	State of Florida, Department of Military Affairs Attention: Construction & Facility Management Office (Contract Management Branch) 2305 State Road 207 Saint Augustine, Florida 32086
himsel specific propose execut accord with the	Indersigned, hereinafter called "Bidder" having visited the site of the proposed project and familiarized of with the local conditions, nature, and extent of the work, and having examined carefully any drawings or acations, the Form of Agreement, and other Contract Documents with the Bond Requirements, therein, sees to furnish all labor, materials, equipment, and other items, facilities, and services for the proper ion and completion of Project Number 214001, NTC Orlando NGA Wall Stabilization , in full lance with any drawings and specifications prepared by Hanson Professional Services , in full accordance he advertisement for bids, Instruction to Bidders, Agreement, and all other documents relating thereto on file Construction & Facility Management Office (CFMO) and if awarded the contract, to complete the said within the time limit specified for the following bid price:
Base	Bid: \$
	oregoing as a Base Bid, the following costs of alternate proposals are submitted in accordance with the ags and specifications.
	sed is certified check, cashier's check, treasurer's check, bank draft, or Bid Bond in the amount of not less ve percent of the Bid, payable to the Owner as a guarantee for the purpose set out in Instructions to Bidders.
MAR	K ENVELOPES: ATTN: SEALED BID for Project Number 214001, NTC Orlando NGA Wall

The Bidder hereby agrees that:

2305 State Road 207, St. Augustine, Florida 32086

a. The above proposal shall remain in full force and effect for a period of 40 calendar days after the time of the

ADDRESSED TO: Department of Military Affairs, ATTN: CFMO-Contract Management Branch,

Stabilization

opening of this proposal and that the Bidder will not revoke or cancel this proposal or withdraw from the competition within the said 40 calendar days.

- b. In the event the contract is awarded to this Bidder, he will abide by and fulfill all requirements as specified in the Non-Technical Specifications provided with the Invitation to Bid.
- c. In the event the contract is awarded to this Bidder, he will enter into a formal written Agreement with the Owner in accordance with the accepted bid within 10 calendar days after said contract is submitted to him and, (if requirement is not deleted per Section C-2 of the Conditions of the Contract), will furnish to the Owner a Contract Performance Bond and a Labor and Material Payment Bond with good and sufficient sureties, satisfactory to the Owner, in the amount of 100% of the accepted bid, the form of which is shown by Exhibits 7 and 8 of the Conditions of the Contract and terms of which shall fully comply with Section 255.05, Florida Statutes. The Bidder further agrees that in the event of the Bidder's default or breach of any of the agreements of this proposal, the said bid deposit shall be forfeited as liquidated damages.
- d. In the event the contract is awarded to this Bidder, he will not commence any work in connection with the contract until he has obtained all insurance as specified in the Non-Technical Specifications, and such insurance has been approved by the Owner, nor shall the contractor allow any subcontractor to commence work on his subcontract until all similar insurance required of the subcontractor has been so obtained and approved by Owner. All insurance policies shall be with insurers qualified to do business in Florida through an authorized licensed Florida Resident Agent. The insurance requirements shall be completed in a timely manner in order not to delay the construction schedule.
- e. In the event the contract is awarded to this Bidder, he will (if requested by Owner) complete and submit a preliminary and final Bid Breakout Form supplied by the Department of Military Affairs, Construction & Facility Management Office.

Acknowledgement is hereby made that this proposal includes required permit fees as directed in the Non-Technical Specifications.

Acknowledgement is hereby made of receipt of the following addenda issued during the bidding period.

Addendum No.	Dated	
Addendum No.	Dated	
Addendum No.	Dated	

Florida Construction Industries I	Licensing Board Certification.			
(Name of Holder)	(Certificate No.)			
In witness whereof, the Bidder has her	reunto set his signature and affixed his seal this	day of	(Month)	(Year)
(SEAL)			(iviolidi)	(Teal)
By:	Address:			
Title:				
Company:	Telephone No.:			
Tax ID No.:	Facsimile No.:			
	F-mail:			

EXHIBIT 5 LIST OF SUBCONTRACTORS

(To be submitted in duplicate on the Bidder's letterhead and attached to	Contractor's proposal.)
DATE:	_
THIS LIST IS ATTACHED TO, AND IS AN INTEGRAL PART OF T	HE BID SUBMITTED BY:
	_
	-
	_
FOR THE CONSTRUCTION OF: PROJECT NUMBER:	214001

PROJECT NAME & LOCATION: NTC Orlando NGA Wall Stabilization, Orlando, Florida

THE UNDERSIGNED, HEREINAFTER CALLED "BIDDER", LISTS BELOW THE NAME OF EACH SUBCONTRACTOR WHO WILL PERFORM THE PHASES OF THE WORK INDICATED. FAILURE OF THE BIDDER TO SUPPLY SUFFICIENT INFORMATION TO ALLOW VERIFICATION OF THE CORPORATE AND DISCIPLINE LICENSE STATUS OF THE SUBCONTRACTOR MAY DEEM THE BID AS BEING NON-RESPONSIVE. Only one (1) copy of this list is required with your bid. You may also just list the names of subcontractors, the additional information (license #, telephone number) need not be listed until after the bid and only from the contractor awarded the project.

SUBCONTRACTOR DISCIPLINES

NAME OF SUBCONTRACTOR

<u>DISCIPLINES</u>	NAME O	NAME OF SUBCONTRACTOR		
1.	(Name)			
	(Telephone No.)	(Sub License #.)		
2.	(Name)			
	(Telephone No.)	(Sub License #.).)		
3.	(Name)			
	(Telephone No.)	(Sub License #.).)		
4.	(Name)			
	(Telephone No.)	(Sub License #.).)		
5.	(Name)			
	(Telephone No.)	(Sub License #.)		
Ву	(Signature)			