

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 accepted.

DATE: Thursday, October 21, 2021

TIME: 2:00PM

TO: State of Florida, Department of Military Affairs
Attention: Construction & Facility Management Office (Contract Management Branch)
2305 State Road 207
Saint Augustine, Florida 32086

To Whom It May Concern:

The undersigned, hereinafter called "Bidder", having for the proposed project familiarized himself with the local conditions, nature, and extent of the work, and having examined carefully any drawings or specifications, the Form of Agreement, and other Contract Documents with the Bond Requirements, therein, proposes to furnish all labor, materials, equipment, and other items, facilities, and services for the proper execution and completion of **Project Number: 219050 CBJTC Building 1000 Gray House Roof Renovation**, in full accordance with any drawings and specifications prepared by Matthews Design Group, in full accordance with the advertisement for bids, Instruction to Bidders, Agreement, and all other documents relating thereto on file in the Construction & Facility Management Office (CFMO) and if awarded the contract, to complete the said work within the time limit specified for the following bid price:

Base Bid: \$ _____

Enclosed is certified check, cashier's check, treasurer's check, bank draft, or Bid Bond in the amount of not less than five percent of the Bid, payable to the Owner as a guarantee for the purpose set out in Instructions to Bidders.

MARK ENVELOPES: ATTN: SEALED BID for Project Number: 219050 CBJTC Building 1000 Gray House Roof Renovation

ADDRESSED TO: Department of Military Affairs, ATTN: CFMO-Contract Management Branch, 2305 State Road 207, St. Augustine, Florida 32086

The Bidder hereby agrees that:

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

(Name of Holder) (Certificate No.)

In witness whereof, the Bidder has hereunto set his signature and affixed his seal this _____ day of _____
(Month) (Year)

(SEAL)

By: _____ Address: _____

Title: _____

Company: _____ Telephone No.: _____

Tax ID No.: _____ Facsimile No.: _____

E-mail: _____

EXHIBIT 5
LIST OF SUBCONTRACTORS

(To be submitted in duplicate on the Bidder's letterhead and attached to Contractor's proposal.)

DATE: October 21, 2021

THIS LIST IS ATTACHED TO, AND IS AN INTEGRAL PART OF THE BID SUBMITTED BY:

FOR THE CONSTRUCTION OF: PROJECT NUMBER: 219050

PROJECT NAME & LOCATION: CBJTC Building 1000 Gray House Roof Renovation

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

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 #.)

By _____ (Signature)