



## BID PROPOSAL FORM

To: **Skagit County Facilities Management**

**Ken Hansen, Director**

1800 Continental Place

Mount Vernon, WA 98273

Phone (360) 416-1179

Email: [khansen@co.skagit.wa.us](mailto:khansen@co.skagit.wa.us)

From: **Bidder:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Contractor Registration

▪ Washington Unified Business Identifier (UBI) Number: \_\_\_\_\_

▪ Federal Tax Identification Number: \_\_\_\_\_

Is active and good standing with the following:

▪ Washington State Secretary of State's Office: ☐ Yes ☐ No

▪ Department of Revenue: ☐ Yes ☐ No

The undersigned, as bidder, declares that we have examined all of the contract documents and that we will contract with Skagit County to do everything necessary to provide materials in included bid request for **“Custodial Supplies.”** This form and the attached Supplies List with before tax prices are submitted as the bid proposal.

If our bid is accepted, we agree to furnish required evidences of insurance and the signed contract within seven (7) calendar days of receiving the draft contract.

If our bid is accepted and a contract for performance of work is entered into with Skagit County, we agree to plan the work and to prosecute it with such diligence that all of the work shall be completed within the time stated in the contract. We understand that Skagit County reserves the right to reject any or all bids and to determine which proposal is, in the judgment of Skagit County, the lowest responsible bid, and which proposal, if any, should be accepted in the best interests of Skagit County and that Skagit County also reserves the right to waive any informalities in any proposal or bid. Protest will be in accordance with all RCW's as applicable.

WASHINGTON STATE AND LOCAL SALES TAX: Local Sales Tax will charged based on delivery address in Mount Vernon, WA <https://webgis.dor.wa.gov/taxratelookup/SalesTax.aspx>.

NON-COLLUSION DECLARATION: I, by signing the proposal, hereby declare, under penalty of perjury under the laws of the United States that the following statements are true and correct:

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_