Michigan Department
of Transportation
6110 (01/19)

CONTRACTOR'S RESPONSE TO REQUEST FOR PROPOSAL

PROJECT TITLE	BID DUE DATE
CONTRACTOR NAME	
CONTRACTOR ADDRESS	
PHONE NUMBER	E-MAIL ADDRESS

PERSONNEL INFORMATION:

ALL BIDDERS MUST BE MAINTENANCE PREQUALIFIED IN THE APPROPRIATE CATEGORY AND MEET THE REQUIREMENTS OF THE PREQUALIFICATION PROGRAM. IF ANY CHANGES HAVE OCCURRED THAT COULD IMPACT THE PREQUALIFICATION, PLEASE DESCRIBE THEM BELOW.

QUALIFIED SERVICE-DISABLED VETERAN: ☐ YES ☐ NO

CONTRACTOR'S PROGRAM MANAGER

NAME PHONE NUMBER E-MAIL ADDRESS

PLEASE LIST THE NAMES OF ALL STAFF DEDICATED TO THIS PROJECT AND THEIR ROLES.

FOR PROJECTS IN CATEGORY 4, TREE CUTTING/TRIMMING, PROVIDE COPIES OF LICENSES AND CERTIFICATIONS FOR STAFF INVOLVED IN THE PROJECT.

DO YOU INTEND TO USE ANY SUBCONTRACTOR(S) ON THIS PROJECT? ☐ YES ☐ NO

IF YES, SUBCONTRACTOR MUST BE MDOT CONSTRUCTION PREQUALIFIED FOR ALL TASKS EXCLUDING TREE REMOVAL/TRIMMING SERVICES.

PLEASE LIST THE NAME OF THE SUBCONTRACTOR (S) AND THE EXTENT OF THE WORK THEY WILL BE DOING ON THIS PROJECT.

PRICING:

SUBMIT PROJECT PRICING THROUGH THE **SIGMA** SYSTEM AND FILL OUT THE PRICING DETAIL SHEET**.**

DESCRIBE ANY APPLICABLE DISCOUNTS AVAILABLE.

EVALUATION:	
THE BID WILL BE AWARDED TO THE MDOT MAINTENANCE PREQUALIFIED BIDDER WHO MEET SPECIFICATIONS AS DETERMINED BY THE STATE AND OFFERS THE LOWEST PRICE TO THE STATE. BID EVALUATION WILL INCLUDE PREFERENCES FOR PROPOSALS FROM QUALIFIED SERVICE-DISABLED VETERANS. I HAVE READ AND AGREE TO PERFORM THE WORK SET FORTH IN THE WORK STATEMENT FOR BID # _____ AND SUBMIT THE ABOVE PROPOSAL IN ACCORDANCE WITH ALL OF THE TERMS AND CONDITIONS OF THE CONTRACT I HOLD WITH THE STATE OF MICHIGAN. THIS BID IS VALID FOR 30 DAYS FROM THE DUE DATE LISTED ON THE STATEMENT OF WORK AND PRICING IS VALID FOR _____ DAYS FROM THE DATE THE PURCHASE ORDER IS ISSUED.	
NAME PRINTED OR TYPED	
SIGNATURE	DATE