

BIDDING REQUIREMENTS for PURCHASING

NOTICE AND INFORMATION FOR BIDDERS

Attachment A: Bid Breakdown & Schedule

Bidder:

DASNY Contact: Theresa Graffeo, Purchasing Coordinator, tgraffeo@dasny.org

Services/Product Required By: ASAP

Description: Furnish, Deliver and Install Theater Lighting

Bid Open Location: DASNY, Corporate Headquarters, 515 Broadway, Albany, NY

12207 Bid Open Date and Time: December 7, 2021 at 2:30PM

Item No.	Manufacturer	Make/Model	Description	QTY	UOM	Unit Price	Extended Price
1			Specified Equipment (attach itemized breakdown)		LS		
2			Cost of Payment Bond		LS		
3			Installation		LS		
4			Integration		LS		

*Attach an itemized and detailed price sheet with unit cost for all product (manufacturer/model/ quantity/unit cost/extended total). If providing substitutions for any of the specified product, provide information on proposed manufacturer's product. The burden of proof equality is on the bidder, and only complete submittals, as requested, will be considered and evaluated by DASNY. Failure to comply with any or all above shall result in immediate disqualification

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INSTALLATION LABOR (if required)
LABOR TO INSTALL _____

Estimated No. of Hours _____
Hourly Rate (*Prevailing Wage rates are required for this work*) _____

Total Materials/Equipment/Commodities: _____

Total Installation: _____

TOTAL BID _____

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(The below questions 1) and 2) need only be answered if the above total bid is for one million dollars or more)

- 1. Does your firm anticipate the use of subcontractors and outside suppliers specific to this procurement
Yes No
- 2. Does your firm anticipate the creation of employment opportunities arising from this procurement?
Yes No

(The below information must be completed for all bids.)

Identify all subcontractors, if any: _____

STATE, PROVINCE FOR FOREIGN COUNTRY
THAT YOUR FIRM'S PRINCIPAL PLACE OF
BUSINESS IS LOCATED:

ADDRESS OF FACTORY OR PLANT WHERE
ITEMS ARE MANUFACTURED AND/OR
ASSEMBLED. (Attach additional sheet(s) if more
than one manufacturer)

BIDDER (FIRM NAME)

SIGNATURE

NAME (TYPE/PRINTED)

TITLE

Date

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Attachment B: Scope of Work and Cut sheets

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Attachment C: Drawings

See attached drawings as basis of design.