



## FY17 GOODS & SERVICES BID FORM

Town of West Boylston

### DIVISION #4 – PROCESSED MATERIALS & SAND

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

Bid Item: (From listing below): \_\_\_\_\_

Below you will find space for alternative bid quotes for items, materials, or services sought by the Town of West Boylston for FY17 for the period from September 18, 2016 through June 30, 2017.

All instructions and requirements of the Invitation to Bid Notice and Specifications, including bid opening requirements are hereby acknowledged by the bidder, acting by and through the undersigned.

<u>ITEM</u>	<u>ITEM DESCRIPTION</u>	<u>BID UNIT</u> i.e. gallon, ton, cv., each etc.	<u>PRICE AT PLANT</u> (IN ENGLISH WORDS)	<u>PRICE AT PLANT</u> (IN ARABIC NUMERALS)	<u>PRICE DELIVERED</u> (IN ENGLISH WORDS)	<u>PRICE DELIVERED</u> (IN ARABIC NUMERALS)
A.	Screened Gravel 1					
B.	Gravel Base					
C.	Bank Run Gravel					
D.	Screened Sand (Surface Seal)					

<u>ITEM</u>	<u>ITEM DESCRIPTION</u>	<u>BID UNIT</u> i.e. gallon, ton, cv., each etc.	<u>PRICE AT PLANT</u> (IN ENGLISH WORDS)	<u>PRICE AT PLANT</u> (IN ARABIC NUMERALS)	<u>PRICE DELIVERED</u> (IN ENGLISH WORDS)	<u>PRICE DELIVERED</u> (IN ARABIC NUMERALS)
<b>E.</b>	Screened Sand (Winter Use)					
<b>F</b>	Crushed Stone ¾ Inch					
	Crushed Stone 1-1/2 inch					
	Crushed Stone 3 inch					
<b>G.</b>	Stone Dust (athletic field use)					
<b>H.</b>	Pond Fill					
<b>I.</b>	Dense Grade to MHD Standards					

Address & Location of Supply House:

\_\_\_\_\_

Remarks or Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned vendor agrees to furnish materials or services at prices quoted herein for the period from September 18, 2016 through June 30, 2017.

Company: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ FAX, if any: \_\_\_\_\_

Signature: \_\_\_\_\_

Owner/Agent: \_\_\_\_\_  
(Print or Type)

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

**CERTIFICATE OF NON-COLLUSION**

The undersigned certifies under penalties of perjury that this bid or proposal has been submitted in good faith and without collusion or fraud with any other person.

As used in this certification, the word “person” shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

\_\_\_\_\_  
(name of person signing bid or proposal)

\_\_\_\_\_  
(name of business)

**MUST BE SUBMITTED WITH BID**

**I, CERTIFY THAT UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER THE LAW.**

BY: \_\_\_\_\_  
**SIGNATURE OF INDIVIDUAL OR CORPORATE OFFICER**  
**CORPORATE NAME (MANDATORY) (MANDATORY, IF APPLICABLE)**

\_\_\_\_\_  
**SOCIAL SECURITY #**  
**OR FEDERAL IDENTIFICATION #**

**Approval of a contract or other agreement will not be granted unless this certification is signed by the applicant.**

**Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you may have met all tax filing and or tax payment obligations. Providers who fail to correct their non-filing or tax payment delinquency will not have a contract or other agreement issued, renewed, or extended. This request is made under the authority of Mass General Laws Chapter 62C Section 49A.**