

# **FEDERAL PROJECT**

## **BIDDING INSTRUCTIONS**

### **FOR ALL PROJECTS:**

1. Use pen and ink to complete all paper Bids.
2. As a minimum, the following must be received prior to the time of Bid opening:

#### **For a Paper Bid:**

a) a copy of the Notice to Contractors, b) the completed Acknowledgement of Bid Amendments form, c) the completed Schedule of Items, d) two copies of the completed and signed Contract Offer, Agreement & Award form, e) a Bid Guaranty, and f) any other certifications or Bid requirements listed in the Bid Documents as due by Bid opening.

#### **For an Electronic Bid:**

a) a completed Bid using Expedite® software and submitted via the Bid Express™ web-based service, b) a Bid Guaranty (as described below) or a faxed copy of a Bid Bond (with original to be delivered within 72 hours), and c) any other certifications or Bid requirements listed in the Bid Documents as due by Bid opening.

3. Include prices for all required items in the Schedule of Items. (“Zero is not considered a Bid price.”)
4. Include a Bid Guaranty. Acceptable forms are:
  - a. a properly completed and signed Bid Bond on the Department’s prescribed form (or on a form that does not contain any significant variations from the Department’s form as determined by the Department) for 5% of the Bid Amount or
  - b. an Official Bank Check, Cashier’s Check, Certified Check, U.S. Postal Money Order or Negotiable Certificate of Deposit in the amount stated in the Notice to Contractors.
5. If a paper Bid is to be sent, Federal Express overnight delivery is suggested as the package is delivered directly to the DOT Headquarters Building in Augusta. Other means, such as U.S. Postal Service’s Express Mail has proven not to be reliable.

### **IN ADDITION, FOR FEDERAL AID PROJECTS:**

6. Complete the DBE Proposed Utilization form in the proper amounts, and deliver to the Contracts section by 4:30 PM on bid opening day

If you need further information regarding Bid preparation, call the DOT Contracts Section at (207)624-3410.

For complete bidding requirements, refer to Section 102 of the Maine Department of Transportation, Standard Specifications, Revision of December 2002.

# NOTICE

**The Maine Department of Transportation is attempting to improve the way Bid Amendments/Addendums are handled, and allow for an electronic downloading of bid packages from our website, while continuing to maintain a planholders list.**

**Prospective bidders, subcontractors or suppliers who wish to download a copy of the bid package and receive a courtesy notification of project specific bid amendments, must provide an email address to Diane Barnes at the MDOT Contracts mailbox at: [MDOT.contracts@maine.gov](mailto:MDOT.contracts@maine.gov). Each bid package will require a separate request.**

**Additionally, interested parties will be responsible for reviewing and retrieving the Bid Amendments from our web site, and acknowledging receipt and incorporating those Bid Amendments in their bids using the Acknowledgement of Bid Amendment Form.**

The downloading of bid packages from the MDOT website is not the same as providing an electronic bid to the Department. Electronic bids must be submitted via <http://www.BIDX.com>. For information on electronic bidding contract Larry Childs at [Larry.Childs@maine.gov](mailto:Larry.Childs@maine.gov).

# NOTICE

For security and other reasons, all Bid Packages which are mailed, shall be provided in double (one envelope inside the other) envelopes. The *Inner Envelope* shall have the following information provided on it:

Bid Enclosed - Do Not Open

PIN:

Town:

Date of Bid Opening:

Name of Contractor with mailing address and telephone number:

In Addition to the usual address information, the *Outer Envelope* should have written or typed on it:

Double Envelope: Bid Enclosed

PIN:

Town:

Date of Bid Opening:

Name of Contractor:

*This should not be much of a change for those of you who use Federal Express or similar services.*

Hand-carried Bids may be in one envelope as before, and should be marked with the following information:

Bid Enclosed: Do Not Open

PIN:

Town:

Name of Contractor:

**STATE OF MAINE DEPARTMENT OF TRANSPORTATION**  
Bid Guaranty-Bid Bond Form

**KNOW ALL MEN BY THESE PRESENTS THAT** \_\_\_\_\_

\_\_\_\_\_, of the City/Town of \_\_\_\_\_ and State of \_\_\_\_\_

as Principal, and \_\_\_\_\_ as Surety, a

Corporation duly organized under the laws of the State of \_\_\_\_\_ and having a usual place of

Business in \_\_\_\_\_ and hereby held and firmly bound unto the Treasurer of

the State of Maine in the sum of \_\_\_\_\_ for payment which Principal and Surety bind

themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

The condition of this obligation is that the Principal has submitted to the Maine Department of

Transportation, hereafter Department, a certain bid, attached hereto and incorporated as a

part herein, to enter into a written contract for the construction of \_\_\_\_\_

\_\_\_\_\_ and if the Department shall accept said bid

and the Principal shall execute and deliver a contract in the form attached hereto (properly

completed in accordance with said bid) and shall furnish bonds for this faithful performance of

said contract, and for the payment of all persons performing labor or furnishing material in

connection therewith, and shall in all other respects perform the agreement created by the

acceptance of said bid, then this obligation shall be null and void; otherwise it shall remain in full

force, and effect.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

WITNESS:

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WITNESS

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PRINCIPAL:

By \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

SURETY:

By \_\_\_\_\_

By: \_\_\_\_\_

Name of Local Agency: \_\_\_\_\_

# NOTICE

## Bidders:

Please use the attached “Request for Information” form when faxing questions and comments concerning specific Contracts that have been Advertised for Bid. Include additional numbered pages as required. Questions are to be faxed to the number listed in the Notice to Contractors. This is the only allowable mechanism for answering Project specific questions. Maine DOT will not be bound to any answers to Project specific questions received during the Bidding phase through other processes.

State of Maine  
Department of Transportation

REQUEST FOR INFORMATION

Date \_\_\_\_\_ Time \_\_\_\_\_

**Information Requested:** \_\_\_\_\_ **PIN:** \_\_\_\_\_ **Town(s):** \_\_\_\_\_

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**Request by:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Bid Date:** \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

**Complete top portion of form and transmit to the number listed in the Notice to Contractors**

**RFI No:** \_\_\_\_\_ **RFI received:** \_\_\_\_\_

**Response:** \_\_\_\_\_

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**Response By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# NOTICE

## Disadvantaged Business Enterprise Proposed Utilization

The Apparent Low Bidder must submit the Disadvantaged Business Enterprise Proposed Utilization form by close of Business (4:30 P.M.) on Bid day.

The Contractor's Disadvantaged Business Enterprise Proposed Utilization Plan form contains additional information that is required by USDOT.

The Contractor's Disadvantaged Business Enterprise Proposed Utilization Plan form must be used.

A copy of the new Contractor's Disadvantaged Business Enterprise Proposed Utilization Plan and instructions for completing it are attached.

Note: Questions about DBE firms, or to obtain a printed copy of the DBE Directory, contact The Office of Civil Rights at (207) 624-3066.

MDOT's DBE Directory of Certified firms can also be obtained at [http://www.state.me.us/mdot/humnres/o\\_equalo/cdwbed\\_h.htm](http://www.state.me.us/mdot/humnres/o_equalo/cdwbed_h.htm)



# INSTRUCTIONS FOR PREPARING THE CONTRACTOR'S DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION PLAN

## The Contractor Shall:

1. Submit a completed Contractor's Disadvantaged Business Enterprise Utilization Plan to the Contract's Engineer by 4:30 P.M. on the Bid day.
2. Extend equal opportunity to MDOT certified DBE firms (as listed in MDOT's DBE Directory of Certified Businesses) in the selection and utilization of Subcontractors and Suppliers.

## SPECIFIC INSTRUCTIONS FOR COMPLETING THE FORM:

Insert Contractor name, the name of the person(s) preparing the form, and that person(s) telephone and fax number.

Provide total Bid price, Federal Project Identification Number, and location of the Project work.

In the columns, name each DBE firm to be used, provide the Unit or Item cost of the Work/Product to be provided by the DBE firm, give a brief description of the Work, and the dollar value of the Work.

If no DBE firm is to be utilized, the Contractor must document the reason(s) why no DBE firms are being used. Specific supporting evidence of good faith efforts taken by Contractors to solicit DBE Bidders must be attached. This evidence, as a minimum, includes phone logs, e-mail and/or mail DBE solicitation records, and the documented results of these solicitations.

## NOTICE

### **Maine Department of Transportation Disadvantaged Business Enterprise Program**

Notice is hereby given that in accordance with US DOT regulation 49 CFR Part 26, the Maine Department of Transportation has established a DBE Program for disadvantaged business participation in the federal-aid construction program; MaineDOT contracts covered by the program include consulting, construction, supplies, manufacturing, and service contracts.

For FFY 2005 (October 1, 2004 through September 30, 2005), MaineDOT has established a DBE participation goal of 8% to be achieved through race/gender neutral means.

Interested parties may view MaineDOT's DBE goal setting methodology for the next 30 days during normal business hours (8-4, M-F) at the Maine Department of Transportation, Office of Civil Rights, 16 State House Station, Augusta ME 04333-0016. Appointments may be scheduled by telephone at (207) 624-3066. The goal setting methodology is also available for viewing on the MaineDOT website: <http://www.maine.gov/mdot/disadvantaged-business-enterprises/dbe-home.php>.

Comments on the goal will be accepted for 45 days from the date of this notice. Written comments should be addressed to Holly Anderson, Office of Civil Rights, Maine Department of Transportation, Office of Human Resources, 16 State House Station, Augusta, Maine 04333-0016 or by e-mail at: [holly.anderson@maine.gov](mailto:holly.anderson@maine.gov).

**MaineDOT CONTRACTOR'S DISADVANTAGED BUSINESS ENTERPRISE  
PROPOSED UTILIZATION FORM**

**Low Bidder must furnish this form to Contracts Section Bid Opening day.**

Contractor: \_\_\_\_\_

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

Prepared by: \_\_\_\_\_

Fax: \_\_\_\_\_

BID PRICE: \$ \_\_\_\_\_

BID DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

FEDERAL PIN # \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

TOTAL DBE \_\_\_\_\_ % PARTICIPATION FOR THIS PROJECT

| W<br>B<br>E•      | D<br>B<br>E• | Firm Name | Unit/Item Cost | Unit # | Description of Work & Item Number | Actual \$ Value |
|-------------------|--------------|-----------|----------------|--------|-----------------------------------|-----------------|
|                   |              |           |                |        |                                   |                 |
|                   |              |           |                |        |                                   |                 |
|                   |              |           |                |        |                                   |                 |
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|                   |              |           |                |        |                                   |                 |
|                   |              |           |                |        |                                   |                 |
|                   |              |           |                |        |                                   |                 |
| <b>Total &gt;</b> |              |           |                |        |                                   |                 |

Attach supporting evidence to the maximum participation of DBEs on this project. This is a requirement. This evidence must include name of firm(s) contacted, date contacted, and outcome of solicitation.

Equal Opportunity Use:

Form received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Verified by: \_\_\_\_\_

\_\_\_ Accepted      \_\_\_ Rejected \_\_\_\_\_

cc:  Contracts     Other \_\_\_\_\_

- WBEs are non-minority women owned firms certified by MaineDOT
  - DBEs are male and minority owned firms certified by MaineDOT
- For a complete list of certified firms go to <http://www.maine.gov/mdot>



## Office of Human Resources

### Equal Opportunity

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## MAINE DEPARTMENT OF TRANSPORTATION

Certified Disadvantaged and Women Business Enterprise

DBE DIRECTORY - MINORITY OWNED

WBE DIRECTORY - WOMEN OWNED

WEBSITE FOR DIRECTORY CAN BE FOUND AT:

[http://www.state.me.us/mdot/humnres/o\\_equalo/cdwbed\\_h.htm](http://www.state.me.us/mdot/humnres/o_equalo/cdwbed_h.htm)

*It is the responsibility of the Contractor to access the DBE Directory at this site in order to have the most current listings.*

State of Maine  
**VENDOR FORM**

For New Vendors & for Updates on Current Vendors

Special Instructions:

**PLEASE PRINT CLEARLY**

**Return this form to:**

**\* = MUST BE COMPLETED TO PROCESS**

**ONLY ONE NAME/VENDOR PER FORM**

|            |                |               |             |                |             |
|------------|----------------|---------------|-------------|----------------|-------------|
| New Vendor | Address Change | Multi Address | Name Change | Contact Update | ID # Change |
|------------|----------------|---------------|-------------|----------------|-------------|

Social Security Number\*  
Individual or Sole Proprietor

Federal Taxpayer ID Number\*  
Corporation

**OR**

**Please fill in ONE.**

S

Business name in "DBA" field below.

E

Business name in "Name" field below.

**This form will affect all transactions with ALL state agencies.**

|   |       |            |          |  |  |        |    |  |      |            |         |  |  |       |
|---|-------|------------|----------|--|--|--------|----|--|------|------------|---------|--|--|-------|
| <p><b>NEW:*</b></p> <p>Remit to Address: Individual or Business Name.</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; padding: 2px;">Name*</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">DBA or C/O</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Address*</td></tr> <tr><td style="border: 1px solid black; padding: 2px;"> </td></tr> <tr><td style="border: 1px solid black; padding: 2px;"> </td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Tel #*</td></tr> </table> | Name* | DBA or C/O | Address* |  |  | Tel #* | OR | <p><b>OLD:</b></p> <p>Old number:</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; padding: 2px;">Name</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">DBA or C/O</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Address</td></tr> <tr><td style="border: 1px solid black; padding: 2px;"> </td></tr> <tr><td style="border: 1px solid black; padding: 2px;"> </td></tr> <tr><td style="border: 1px solid black; padding: 2px;">Tel #</td></tr> </table> | Name | DBA or C/O | Address |  |  | Tel # |
| Name*   |       |            |          |  |  |        |    |  |      |            |         |  |  |       |
| DBA or C/O  |       |            |          |  |  |        |    |  |      |            |         |  |  |       |
| Address*  |       |            |          |  |  |        |    |  |      |            |         |  |  |       |
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| Tel #*  |       |            |          |  |  |        |    |  |      |            |         |  |  |       |
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| DBA or C/O  |       |            |          |  |  |        |    |  |      |            |         |  |  |       |
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| Tel #   |       |            |          |  |  |        |    |  |      |            |         |  |  |       |

|  |  |            |
|--|--|------------|
| <input type="checkbox"/> Is this the same name on your Social Security card?           |  | Acct #     |
| <input type="checkbox"/> If not, have you told Social Security about your name change? |  | Provider # |

Signature\* \_\_\_\_\_

Contact Name \_\_\_\_\_

Print Name or Title \_\_\_\_\_

Accounts Receivable Contact Name \_\_\_\_\_

Date\* \_\_\_\_\_ (within 3 months)

Phone # if Different or for Contact Info \_\_\_\_\_

Vendor Indicators: Enter Y (Yes) For All Categories Listed Below That Apply To This Vendor

|                                      |  |  |
|--------------------------------------|--|--|
| Dealer: <input type="checkbox"/>     | Manufacturer: <input type="checkbox"/>   | Factory Rep: <input type="checkbox"/>  |
| Jobber: <input type="checkbox"/>     | Retailer: <input type="checkbox"/>       | Commodity: <input type="checkbox"/>    |
| Individual: <input type="checkbox"/> | Partnership: <input type="checkbox"/>    | Incorporated: <input type="checkbox"/> |
| Minority: <input type="checkbox"/>   | Small Business: <input type="checkbox"/> | In-State: <input type="checkbox"/>     |

Information on State Agency Submitting Vendor Form

|                       |                              |              |
|-----------------------|------------------------------|--------------|
| State Agency* & SHS # | Contact Person Name & Title* | Telephone #* |
|-----------------------|------------------------------|--------------|

**Send to:** Maine Department of Transportation/ Contracts 16 SHS, Augusta, ME 04333-0014 Attn: Pat Brown

# INSTRUCTIONS FOR COMPLETING VENDOR FORM

1. **Print Clearly**
2. **All sections marked with an \* must be completed for processing**
3. **Send completed form to requesting State agency OR remit to address at bottom of form.**
4. **Do NOT send by Fax. Only originals will be accepted.**

| <u><b>FIELDS</b></u>             | <u><b>INFORMATION NEEDED FOR FIELD</b></u>  |
|----------------------------------|---|
| <i>Special Instructions</i>      | <i>Instructions to Vendor from Agency requesting information.</i>   |
| <i>Return to</i>                 | <i>The location of agency where the form is to be mailed back to. If none use address at bottom of form.</i>                        |
| Boxes above SSN/EIN Fields       | Please check mark all that apply to the vendor. If other, please specify.<br>If it's a new vendor only one will apply: "New Vendor" |
| Social Security Number           | Individuals, individuals "doing business as", and individuals without a Federal Taxpayer ID #. Use if not using EIN                 |
| Federal Taxpayer ID Number*      | Businesses or professionals providing services.<br>(ID # needs to be use for REMITTANCE purposes.) Use if not using SSN             |
| New                              | Current Information   |
| Old                              | Old information (If another ID# had been used please put it next to "OLD")  |
| Name                             | Individual's Name or Business Name. ONLY ONE name per a form.   |
| DBA or C/O                       | "Doing business as" or "In Care Of"   |
| Address                          | REMITTANCE ADDRESS - Street Address OR PO Box (one or the other)  |
| Tel #                            | Phone Number of individual or business  |
| Signature                        | Individual or authorized representative of individual or authorized representative of the business                                  |
| Date                             | Current Date (no more than 3 months old)  |
| Contact Name                     | Contact person at business  |
| Accounts Receivable Contact Name | Contact person at business for accounts receivables.  |
| Phone #                          | Phone for Act Rec Contact   |
| Vendor Indicators                | Indicate all that apply for the vendor, as needed   |
| Agency Info                      | For Agency personnel submitting the form. Contact info incase of questions.   |