

Delta State University
Office of Procurement Services
Cleveland, MS 38733
662-846-4046

Date: April 17, 2020

Request for Bid

Mark lower left hand
corner of envelope:
Quotation on Bid File

Bid must be received in the
Office of Procurement Services
221 Kent Wyatt Hall
Cleveland, MS 38733
by 2 P. M. on

DSU09-2020 Brumby-Castle Residence Hall

May 21, 2020

Sealed bids will be received in the office of Procurement Services, Delta State University, Cleveland, MS for the purchase of the item(s) listed below. All bids must be received in the office of Procurement Services before the bid opening time given above. Delivery of bids must be during normal DSU working hours which are 7:00 a.m. to 5:30 p.m. CST/CDT Monday – Thursday, except for weekends and holidays when no delivery is possible. Additional Bidding Requirements and Terms and Conditions are contained in attachment 1, entitled GENERAL CONDITIONS, to this form, which requirements, terms and conditions are incorporated herein by reference. DSU SPECIFICATIONS, if any, are attached here to as Attachment 2 and incorporated herein by reference.

Quantity	Description	Min Bid per unit	Total Price
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- 1 Natural gas condensing boiler
Minimum input 1,200,000 BTU/hr output 972,000 BTU/hr
Energy efficient
Other supplies needed to complete project

Installation will include:

- Install one natural gas condensing boiler in mechanical room at Brumby-Castle Residence Hall
- Remove and dispose existing boiler
- Set new boiler on existing concrete pad
- Connect hot water and gas piping
- Insulate water piping
- Connect electrical circuit
- Install new PVC vent pipe to exit flue
- Reconnect existing controls
- Clean site of all debris and remove from premises
- Start up new equipment and verify proper operation

*Site visit by prospective bidder is recommended to verify existing conditions.

Bidder should schedule a site visit through the Office of Procurement Services and verify existing conditions prior to submitting bid.

Project must be completed and invoiced by June 30, 2020

Federal Employer Identification Number: _____ Total Price \$ _____

Certificate of Responsibility Number: _____

Company: _____

Date: _____

Terms: _____

FOB: DELTA STATE UNIVERSITY

Name: _____

Delivery: _____

Phone: _____

Signature: _____

Fax: _____