



## APPENDIX B

### Transmittal Letter, Bidder Information, and Bid Sheet

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Vendor Code: \_\_\_\_\_

To: James P. Corbett

Telephone: 603-271-9467

Email: James. P. Corbett@dhhs.nh.gov

To Whom It May Concern:

[Insert name of signor: \_\_\_\_\_], on behalf of [insert name of business submitting the Bid \_\_\_\_\_] (collectively referred to as "Bidder") hereby submits an offer as contained in the written Bid submitted herewith ("Bid") to the State of New Hampshire in response to RFB-2023-HH-01-LANDS Landscaping and Property Maintenance at Hampstead Hospital.

\_\_\_\_\_ Is authorized to legally obligate \_\_\_\_\_  
Print Signor Name Complete Name of Entity  
Submitting Bid

Bidder attests to the fact that:

1. The Bidder has reviewed and agreed to be bound by RFB-2023-HH-01-LANDS Landscaping and Property Maintenance at Hampstead Hospital.
2. The Bidder has not altered any of the language or other provisions contained in the RFB document.
3. The Bidder accepts terms, conditions, and general instructions stated in Mandatory Business Specifications, Contract Terms, Conditions and Penalties.
4. The Bid is effective for a period of one hundred eighty (180) days from the Bid submission deadline of 5/25/23.
5. The prices the Bidder has quoted in the Bid were established without collusion with other vendors.
6. The Bidder has read and fully understands this RFB and is qualified to provide all services.

\_\_\_\_\_ (Bidder Signature)



**QUALIFICATION OF BIDDER**

The Bidder must be able to demonstrate that they can provide the services listed within the Request for Bids. The Bidder shall provide as references at least two (2) clients for which they have provided similar services over the period of the last five (5) years.

Name of Client: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Client: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Client: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**BIDDER'S NAME AND ADDRESS**

Complete Name of Entity Submitting Bid:

Complete Address:

Telephone Number:

\_\_\_\_\_

**BIDDER'S CONTACT PERSON**

Name: Title

TEL. # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL: \_\_\_\_\_

**BIDDER'S REMITTANCE ADDRESS**

\_\_\_\_\_

\_\_\_\_\_



**New Hampshire Department of Health and Human Services  
Landscaping and Property Maintenance for Hampstead Hospital**

Line	<b>Bidder's Cost Bid*</b>		
1	All-inclusive Annual Cost for Landscaping and Property Maintenance:	Year 1 \$ _____	Year 2 \$ _____
2	Other (please specify):	Year 1 \$ _____	Year 2 \$ _____
3	<b>Add all values above      Total Cost Bid:</b>		<b>\$ _____</b>

Authorized Signatory's Name Printed: \_\_\_\_\_

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