



## APPENDIX B – Bid Submittal and Cost Bid Sheet

Date: \_\_\_\_\_ Barber/Stylist/Company Name: \_\_\_\_\_

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

Bidder's Official Point of Contact: \_\_\_\_\_

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

### 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 references for at least two (2) clients for which they have provided hair styling services over the period of the last two (2) years.

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

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

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

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



**New Hampshire Department of Health and Human Services  
Hair Stylist Services For New Hampshire Hospital**

Line	<b>Bidder's Cost Bid*</b>	
1	Scheduled Haircutting Service: Labor Cost: \$ _____ per appointment	Scheduled Haircutting Service per appointment X 9 appointments X 12 months  \$ _____
2	Scheduled Beard Trimming Service: Labor Cost: \$ _____ per appointment	Scheduled Beard Trimming Service per appointment X 9 appointments X 12 months  \$ _____
3	Scheduled Bang Trimming Service: Labor Cost: \$ _____ per appointment	Scheduled Bang Trimming Service per appointment X 9 Appointments X 12 months  \$ _____
4	Hourly Rate For Required Orientation: \$ _____	Hourly Rate For Orientation X 9.5 Total Hours  \$ _____
5	<b>Annualized Cost Bid (All Figures Added):</b> \$ _____	

\* All inclusive includes all travel and mileage. Normal business hours are from 7:00 am to 3:00 PM, Monday through Friday, excluding holidays for State Employees (<https://apps.das.nh.gov/EmployeePortal/comp-savings/state-holidays/>).

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

Authorized Signatory's Signature: \_\_\_\_\_