



## APPENDIX B

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

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

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

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

To: Erica Brisson

Telephone: 603-271-2762

Email: Erica.D.Brisson@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-2024-DCYF-01-SYSCF, SYSC Fire Hydrant Repair and Replacement**, in complete accordance with **RFB-2024-DCYF-01-SYSCF, SYSC Fire Hydrant Repair and Replacement**.

\_\_\_\_\_ Is authorized to legally obligate \_\_\_\_\_

Print Signor Name  
Submitting Bid

Complete Name of Entity

Bidder attests to the fact that:

1. The Bidder has reviewed and agreed to be bound by RFB-2024-DCYF-01-SYSCF, SYSC Fire Hydrant Repair and Replacement.
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 October 2, 2023.
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  
SYSC Fire Hydrant Repair and Replacement**

Line	<b>Bidder's Cost Bid</b>
1	Bid to provide all required services for two fire hydrants
2	<b>Total Cost Bid*:</b> \$ _____
	* Total Cost Bid includes all services required, including, but not limited to, regulatory permits, materials, equipment, labor, transportation, construction equipment and machinery, tools, and necessary incidentals.

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

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