



APPENDIX B

Transmittal Letter, Bidder Information, and Bid Sheet

Date: _____ Company Name: _____

Address: _____

Vendor Code: _____

To: Corey R. Nachman:

Telephone: 603-271-9341

Email: Corey.R.Nachman@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-GLENCLIFF-01-MAINT Maintenance and Repair of Commercial Laundry Equipment for Glencliff Home, in complete accordance with RFB-2024-GLENCLIFF-01-MAINT Maintenance and Repair of Commercial Laundry Equipment for Glencliff Home.

_____ 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-2024-GLENCLIFF-01-MAINT Maintenance and Repair of Commercial Laundry Equipment for Glencliff Home.
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 March 10, 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
Maintenance and Repair of Commercial Laundry Equipment for Glencliff Home**

| Line | Bidder's Cost Bid* | |
|------|---|---|
| 1 | All-inclusive* Bi-Annual Cost for Cleaning and Preventative Maintenance, per appointment: \$ _____ | Bi-Annual Cost for Cleaning and Preventative Maintenance, per appointment X 2 \$ _____ |
| 2 | Corrective Repairs Scheduled Service Labor Cost: Per hour rate \$ _____ | Corrective and Emergency Repairs Scheduled Service X 5 \$ _____ |
| 3 | Emergency◇ Service Calls (during normal business hours†): Labor Cost: Per hour rate \$ _____ | Emergency Service Calls (during normal business hours †) X 5 \$ _____ |
| 4 | Emergency◇ Service Calls (outside of normal business hours ‡): Labor Cost: Per hour rate \$ _____ | Emergency Services Calls (outside of normal business hours‡) X 5 \$ _____ |
| 5 | Other (please specify): | \$ _____ |
| 6 | Add all values above: | Annualized Cost Bid: \$ _____ Per Year |
| 7 | Total Cost Bid: \$ _____ Per Year (above number) x 2 | |

* All-inclusive includes all travel and mileage.

◇ All emergency services must begin within four hours of call from Glencliff Home.

†Hourly rates include actual hours worked from the time of arrival on-site through sign off from the Plant Maintenance Engineer, or designee.

‡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 Signature: _____