**Attachment A**

STATE OF MARYLAND

**DEPARTMENT OF HUMAN RESOURCES**

# BID FORM

**(1) AGENCY: Department of Human Resources**

**(2) COMPONENT: Wicomico County Department of Social Services**

**(3) ADDRESS: 201 Baptist Street, Suite 27, Salisbury, Maryland 21801**

**(4) SERVICE OR ITEM REQUIRED: Unarmed Uniformed Security Guard Service**

**(5) IFB RELEASE DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(6) VENDOR RESPONDING:**

**ADDRESS:**

**PHONE NO.:**

**FEDERAL TAX I.D. #:**

**(7) BASE BID**

**The base bid shall be the total cost for a four (4) month period for providing guard service as detailed in the specifications and shall be calculated as follows:**

|  |  |  |  |
| --- | --- | --- | --- |
| GUARD | (A)  Fully-Loaded Fixed Hourly Rate | x(B)  Estimated Number of Hours\* | =(C)  Total Price for Service |
| Guard #1 |  | 1992 |  |
| TOTAL Not to Exceed Price (Used as basis for award) |  |  |  |

\*The estimated hours listed are for bid preparation purposes only. These are not guaranteed and may be revised based upon funding availability.

**(8) Are you a Minority Business Enterprise (MBE) Vendor: Yes**  **No**

**If yes, state MDOT MBE Certification Number:**

**Are you a Small Business Reserve (SBR) Vendor: Yes  No**

**If yes, state DGS Certified SBR Number:**

**(9)**

**(Typed Name and Title of Person Authorized to Bind Services and Prices)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature) (Date)**