

**CLEAN WATER AND DRINKING WATER STATE REVOLVING FUND PROGRAMS  
BID DOCUMENTS FOR REVIEW AND APPROVAL**

To: Division of Municipal Facilities  
North Dakota Department of Health  
918 East Divide Avenue, 3<sup>rd</sup> Floor  
Bismarck, ND 58501-1947

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SRF Project No: \_\_\_\_\_ Date: \_\_\_\_\_

The following documents are enclosed for review and approval prior to the awarding of the contracts:

- \_\_\_\_\_ Request from loan recipient to award contract (letter or council minutes), including contract amounts
- \_\_\_\_\_ Engineer's recommendation for award of contract(s), including contract amount(s)
- \_\_\_\_\_ Affidavit of publication for advertisement for bids
- \_\_\_\_\_ Revised budget sheet
- \_\_\_\_\_ Addendums not previously submitted
- \_\_\_\_\_ Bid tabulation, including engineer's estimate (attach explanation if bid exceeds engineer's estimate by more than 10 percent)
- \_\_\_\_\_ Two lowest proposals (each schedule) including bidder acknowledgement of all addenda
- \_\_\_\_\_ Bid bond for two lowest bidders (each schedule)
- \_\_\_\_\_ MBE/WBE Solicitation Sheets for two lowest bidders (each schedule)
- \_\_\_\_\_ EPA Form 5700-49, *Certification Regarding Debarment, Suspension, and Other Responsibility Matters* for lowest bidder
- \_\_\_\_\_ EPA Form 6100-3, *DBE Subcontractor Performance Form* and EPA Form 6100-4, *DBE Subcontractor Utilization Form* for lowest bidder

Please note that the proposals expire on: \_\_\_\_\_  
Date

For additional information, please contact:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title