Broward Health
Supply Chain Services

1800 N.W. 49th Street
Fort Lauderdale, FL 33309

BID RESPONSE FORM

Company Name

BHIP Roof Repair and Replacement ITB (Re Release) | 2026-0014

Competitive Solicitation Name | **Competitive Solicitation Number**

Broward Health will only accept pricing proposals utilizing this Bid Response Form, and all pricing must be submitted consistently with the Pricing Structure designated below. Pricing may not be changed after the Public Opening and shall remain firm throughout the term of the contract. As such, Bidders are cautioned to review their pricing proposals prior to submission. All sections of this Bid Response Form must be completed, and it must be signed by the Authorized Representative identified in Section VII.B(1)(a) (Authorized Representative). Leaving any sections blank or changing the Pricing Structure or verbiage of this Bid Response Form may result in rejection of the Bid as non-responsive. Bidders may attach additional pages with any supplemental or additional pricing information so long as the required form, format, and structure designated below are used.

Pricing Grid

***Pricing Structure**: Lump Sum Pricing

To the extent that lump sum pricing is the Pricing Structure designated above, to account for potential changes in the scope of work, Bidders shall also provide, on the Bidder's official letterhead, the individual unit pricing for the goods and/or services used to calculate the Bidder's lump sum cost in its Bid.

The undersigned proposes to furnish all labor and materials as per Scope of Work Section and provide all equipment and manpower necessary to perform all work for the various parts of the construction in accordance with the above referenced documents for the considerations of the following amount(s):

The Bidder shall provide, with their bid, a Letter of Intent to issue a Warranty, along with written confirmation from the roofing material manufacturer verifying the Bidder's status as an authorized applicator.

Removal and Replacement of Roofs at Broward Health Imperial Point 6401 N Federal Hwy, Fort Lauderdale, FL 33308 as described in the scope of work of the bid document.

Type of system(s): **FiberTite 36 Mil FB KEE Membrane, according to Scope of Work**

Scope of Work	Description	Numerical	Alphabetical
PROJECT 17	**Roof Sections 9, 10, A1, A2, and A3**		

Submit the following UNIT COSTS, not included in the Base Bid

Unit Pricing		
Cost to repair Concrete Deck	$	per sq ft
Cost to repair Metal Deck	$	per sq ft
Replace new internal drain with connection	$	per unit

Cost to demobilize/remobilize in the event of an impending calamity		per TOTAL
Recertify or Install New Lightning Protection System	**Included in lump sum bid.**	**Included in lump sum bid.**
Additional Cost to the submitted Bid Price for a Payment and Performance Bond	**Included in lump sum bid.**	**Included in lump sum bid.**

All bid proposals enumerated in this Bid Proposal Form include permitting /overhead, profit and all other expenses involved in the execution and completion of the work described in the Contract Documents. Initial _____

The undersigned agrees, if awarded the contract, to prepare and submit the application for all required permits within _____ days of contract execution, consistent with the requirements of the Contract Documents. Furthermore, the undersigned agrees to mobilize within _____ days after permit issuance.

The undersigned agrees, if awarded the contract, work shall be substantially completed within _____ working days of **permit issuance**.

The undersigned agrees that time is of the essence with respect to all completion milestones set forth in the contract documents. In the event the undersigned fails to achieve substantial completion of the applicable segment or Project within the number of working days specified above, Broward Health may retain, from the compensation otherwise due the undersigned, the sum of $3,000 per calendar day (including Saturdays, Sundays, and holidays) for each calendar day that substantial completion of the applicable segment or Project is delayed beyond the required substantial completion date. In the event the undersigned further fails to achieve final completion of the applicable segment or Project within 30 calendar days following substantial completion, Broward Health may retain an additional sum of $3,000 per calendar day for each calendar day that final completion is delayed beyond such date. These sums are not to be construed as a penalty, but as fixed, agreed, and liquidated damages which Broward Health will sustain in the event of such failure, the Parties acknowledging that the precise amount of Broward Health's damages resulting from any such delay would be difficult or impossible to ascertain at the time of contracting due to the nature of Broward Health's operations as a healthcare facility, the potential for weather exposure to uncompleted roofing work, and the operational disruptions caused by construction delays at an active medical facility. Where separate segments are awarded, liquidated damages shall apply on a per-segment basis. Liquidated damages shall be deducted from any amounts otherwise due and payable to the undersigned under the contract, or, if no amounts are due, shall be recoverable by Broward Health as a debt owed by the undersigned. Delays caused solely and directly by Broward Health's failure to provide required access or approvals, or by Force Majeure events as defined in the contract documents, shall be excluded from the calculation of liquidated damages, provided that the undersigned provides written notice to Broward Health of such delay within five (5) business days of its onset.

By signing below, the Authorized Representative is attesting that: (1) the Authorized Representative is authorized to submit this Bid on behalf of the Bidder and commit the Bidder to the proposed pricing identified herein; (2) such pricing is for the goods and/or services identified in this ITB, has been reviewed, and is correct; and (3) the pricing shall remain fixed and firm throughout the duration of the contract and it includes all applicable federal, state, and local taxes.

_____ _____

*** Signature of Authorized Representative** **Date**

_____ _____

*** Print Name of Authorized Representative** *** Title of Authorized Representative**

* This individual must have the authority to bind the Vendor.

* Submission of this Bid Response Form is subject to Section III.A(1)(w) (Handwritten and Digital Signatures), may be done electronically, via electronic signature, or handwritten signature, and shall be binding on the Bidder.