

**EL PASO COUNTY  
CONTRACTS & PROCUREMENT DIVISION**

**BID FORM (Revised)  
for  
MODIFICATIONS TO RANGE 2 AT CHEYENNE MOUNTAIN SHOOTING COMPLEX  
(PAGE 1 OF 2)**

<b>NOTICE TO BIDDERS:</b>	<b>YOU ARE REQUIRED TO USE THIS FORM WHEN SUBMITTING A RESPONSE.</b> (do not leave blank spaces)
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RESPONSE CHECKLIST and **ALL REQUIRED DOCUMENTS ATTACHED?**     YES     NO  
 Will you accept payment by VISA credit card?     YES     NO  
 If you accept VISA payment, is there a cost?     YES     NO  
 If there is a cost, or min/max dollar amounts, explain: \_\_\_\_\_  
 \_\_\_\_\_

ITEM	DESCRIPTION	PRICE (\$)
1.	<b>Spread and compact milling supplied by the County.</b>	\$ _____
2.	<b>Add concrete pad 18-inches wide and 75-foot long at the at 25-yard line.</b>	\$ _____
3.	<b>Install 75-foot knee wall.</b>	\$ _____
4.	<b>Provide and install fifteen (15) turning target systems and one (1) air compressor.</b>	\$ _____
5.	<b>Provide and install 30-foot dry van shipping container with office conversation.</b>	\$ _____
6.	<b>Provide and install lighting under the existing current canopy.</b>	\$ _____
7.	<b>Provide and install a 40-foot modified dry van shipping container.</b>	\$ _____
8.	<b>Remove and replace the existing awning.</b>	\$ _____
9.	<b>Provide and install one (1) ADA compliant 4 station skid unit portable restroom.</b>	\$ _____
10.	<b>Provide and install a public address system.</b>	\$ _____
11.	<b>Provide and install one (1) 22-foot by 48-foot arch roof design, prefabricated or stick built, standalone, wood framed canopy with raised seam metal roof and concrete pad</b>	\$ _____
	<b>TOTAL PRICE:</b>	\$ _____

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Total Number of Calendar Days to Complete after receiving "Notice to Proceed". \_\_\_\_\_

Warranty (explain what is covered, by whom, for how long): \_\_\_\_\_ (Attach on separate sheet.)

Our submitted bid consists of a total price, all inclusive of any freight, surcharges, labor, insurance, materials, permits, and any other miscellaneous incidental charges required to perform the services, except taxes as the County is tax exempt:

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(COMPANY NAME)

FEDERAL ID# / SS#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ FAX: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

AUTHORIZED NAME: \_\_\_\_\_  
PRINT