

SECTION 00 43 23 – BID ALTERNATES FORM

PART 1 - GENERAL

1.1 RELATED DOCUMENTS

- A. 00 41 53 - Bid Form (SPB-6.13)

1.2 SUMMARY (Not Applicable)

1.3 DEFINITIONS (Not Applicable)

1.4 BID FORM

- A. FORM: State of Colorado form “Bid Alternates Form” (SBP-6.131).
- B. A copy of the above noted form is attached to the end of this section.
- C. Additional State and University of Colorado forms to be attached to the submitted bid are listed in the Articles below.

1.5 PROCEDURES

- A. Fill out each alternate as shown in project documents with associated cost.

PART 2 - PRODUCTS (Not Applicable)

PART 3 - EXECUTION (Not Applicable)

END OF SECTION 00 43 23



STATE OF COLORADO
OFFICE OF THE STATE ARCHITECT
STATE BUILDINGS PROGRAM

BID ALTERNATES FORM

Institution/Agency: _____

Project No./Name: _____

Additive alternates will not be used if deductible alternates are used and deductible alternates will not be used if additive alternates are used.

Additive Alternates (If Applicable)

Refer to specification section _____ for descriptions of add alternates. If the add alternates are accepted, the base bid would be modified by the amount entered by the bidder.

A.A. No. 1	_____	Add \$	_____
A.A. No. 2	_____	Add \$	_____
A.A. No. 3	_____	Add \$	_____
A.A. No. 4	_____	Add \$	_____
A.A. No. 5	_____	Add \$	_____
A.A. No. 6	_____	Add \$	_____
A.A. No. 7	_____	Add \$	_____
A.A. No. 8	_____	Add \$	_____
A.A. No. 9	_____	Add \$	_____
A.A. No. 10	_____	Add \$	_____

Deductive Alternates (If Applicable)

Refer to specification section _____ for descriptions of the deductive alternates. If the deductive alternates are accepted, the base bid would be modified by the amount entered by the bidder.

D.A. No. 1	_____	Deduct \$	_____
D.A. No. 2	_____	Deduct \$	_____
D.A. No. 3	_____	Deduct \$	_____
D.A. No. 4	_____	Deduct \$	_____
D.A. No. 5	_____	Deduct \$	_____
D.A. No. 6	_____	Deduct \$	_____
D.A. No. 7	_____	Deduct \$	_____
D.A. No. 8	_____	Deduct \$	_____
D.A. No. 9	_____	Deduct \$	_____
D.A. No. 10	_____	Deduct \$	_____

THE BIDDER:

Company Name _____

Signature _____ Date _____