

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL AND RESIDENTIAL SERVICES

NOTE: OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30.				1. REQUISITION NUMBER		PAGE 1 OF			
2. CONTRACT NUMBER		3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER		5. BID REFERENCE NUMBER		6. BID ISSUE DATE	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME GLOBAL CONSTRUCTION AND DEMOLITION, INC				b. TELEPHONE NUMBER (<i>No collect calls</i>) 1-615-601-0833		8. OFFER DUE DATE/ LOCAL TIME (CST)	
9. ISSUED BY			CODE		10. THIS ACQUISITION IS		<input type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: _____ % FOR: _____ <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) <input type="checkbox"/> NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS): _____ <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> ECONOMICALLY DISADVANTAGED <input type="checkbox"/> SIZE STANDARD: _____ <input type="checkbox"/> SERVICE-DISABLED <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (EDWOSB) <input type="checkbox"/> 8(A) <input type="checkbox"/> VETERAN-OWNED SMALL BUSINESS (SDVOSB)		
11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		13a. THIS CONTRACT IS A <input type="checkbox"/> RATED ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700)		13b. RATING 14. METHOD OF SOLICITATION REQUEST <input type="checkbox"/> REQUEST <input type="checkbox"/> INVITATION <input type="checkbox"/> FOR <input type="checkbox"/> FOR QUOTE <input type="checkbox"/> FOR BID <input type="checkbox"/> PROPOSAL (RFQ) (IFB) (RFP)			
15. DELIVER TO/ WORK ADDRESS:			CODE		16. <div style="background-color: black; width: 100%; height: 50px;"></div>				
17a. CONTRACTOR/ OFFEROR		CODE		FACILITY CODE		18a. PAYMENT WILL BE MADE BY <div style="text-align: center;">GLOBAL CONSTRUCTION AND DEMOLITION, INC 825 S. CHURCH STREET, STE. 765 MURFREESBORO, TN 37133</div>			
TELEPHONE NUMBER					18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM				
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER									
19. ITEM NUMBER	20. SCHEDULE OF SUPPLIES/SERVICES				21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT	
<div style="font-size: 48px; opacity: 0.1; transform: rotate(-30deg); position: absolute; top: 50%; left: 50%;">CONFIDENTIAL</div> (Use Reverse and/or Attach Additional Sheets as Necessary)									
25. ACCOUNTING AND APPROPRIATION DATA						26. TOTAL AWARD AMOUNT (For Internal Use Only)			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> <input type="checkbox"/> </div> </div>									
<input type="checkbox"/> 27. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED					<input type="checkbox"/> 28. AWARD OF CONTRACT: REFERENCE _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:				
29a. SIGNATURE OF OFFEROR/CONTRACTOR					30a. Global Construction and Demolition, Inc (SIGNATURE OF AUTHORIZED OFFICER)				
29b. NAME AND TITLE OF SIGNER (<i>Type or print</i>)			29c. DATE SIGNED		30b. NAME OF AUTHORIZED OFFICER (<i>Type or print</i>)			30c. DATE SIGNED	

31. ADDITIONAL ITEMS:

19. ITEM NUMBER	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

32b. SIGNATURE OF AUTHORIZED REPRESENTATIVE	32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED REPRESENTATIVE
	32g. EMAIL OF AUTHORIZED REPRESENTATIVE

33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	

STOCK RECORD (S/R)		40. PAID BY
38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42a. RECEIVED BY <i>(Print)</i>	
41b. SIGNATURE AND TITLE OF AUTHORIZED OFFICER		42b. RECEIVED AT <i>(Location)</i>	
41c. DATE		42c. DATE RECEIVED <i>(MM/DD/YYYY)</i>	42d. TOTAL CONTAINERS