

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

- 1.6 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: University of Colorado Anschutz Medical Campus

Project No./Name: 23-110899 Perinatal Research Facility Power HVAC Boiler Upgrades

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 **01 23 00** 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	New Generator Power Distribution	Add \$	
	Description of add alternate: Utilize an existing 480/3 phase generator on site and provide new generator power distribution equipment tied to existing main building power system. New generator power distribution will be provided to feed new freezer generator loads required by owner including allowance for future freezers.		
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 \$	

Deductive Alternates (If Applicable)

See below 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 \$	

THE BIDDER:

Company Name

Signature _____

Date _____