

TABULATION SHEET

Project Name Fire Systems

In House Cost Estimate _____

Date of Bid Opening 11-26-2024

Bidder Name, Address, Email	Bid Bond Received	Consent of Surety	Bid Sheet	Amount of Bid	Date & Time Received	Non-Collusion / Ownership Disclosure		References	Sub Contractors
						Yes	Yes		
Wayman Fire Protection Inc.	N/A	N/A	Yes	Maintenance \$28,800	11/26/2024 10:00AM	Yes	Yes	No	No
Cintas Corporation	N/A	N/A	Yes	Maintenance \$27,406.60	11/26/2024 9:24AM	No	Yes	No	No
Everon	N/A	N/A	Yes	Maintenance \$24,563	11/26/2024 9:21AM	Yes	Yes	No	Yes
City Fire / Encore	N/A	N/A	Yes	Maintenance \$20,350	11/26/2024 9:26AM	Yes	Yes	Yes	No

In my review of the bid received, the information above reflects bid(s) submitted and reviewed. The proposed scope of work must conform with that defined in the bid document.

Name of Certifying Individual Shemea Daniels

Title Executive Director

Signature of Certifying Individual [Signature]

Name of Certifying Individual _____

Title _____

Signature of Certifying Individual _____

Name of Certifying Individual Qasim A. Johnson

Title Director of Housing

Signature of Certifying Individual [Signature]