



Header	Byrd Anti Lobbying Amendment.pdf	Byrd Anti Lobbying Amendment
Header	Clean Air Act and Clean Water Act.pdf	Clean Air Act and Clean Water Act
Header	Contract Work Hours and Safety Standards Act.pdf	Contract Work Hours and Safety Standards Act
Header	Copyrights and Rights in Data.pdf	Copyrights and Rights in Data
Header	Debarment and Suspension.pdf	Debarment and Suspension
Header	Energy Policy and Conservation Act.pdf	Energy Policy and Conservation Act
Header	Equal Employment Opportunity.pdf	Equal Employment Opportunity
Header	Patent Rights.pdf	Patent Rights
Header	Reporting Requirements and Regulations.pdf	Reporting Requirements and Regulations
Header	Retention of Records.pdf	Retention of Records
Header	Rights to Inventions.pdf	Rights to Inventions
Header	Termination for Convenience- Cause.pdf	Termination for Convenience- Cause
Header	Protest Procedures - City.pdf	Protest Procedures - City
Header	Access to Records.pdf	Access to Records

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## Bid Attributes

Please review the following and respond where necessary

#	Name	Note	Response
1	Set Up Fee	List your one time set up fee if needed.	_____ (Required)
2	Viewing the map	I acknowledge viewing and understanding the design and printing of the map in attachment lines 2 & 3.	_____ (Required)
3	Instructions to Bidders	I acknowledge reading and understanding the Instructions to Bidders.	_____ (Required)
4	Federal Bidding Documents and Compliance	I have read and understand the Federal Forms attached to this bid and hereby agree to comply with the provisions as they are listed in the forms.	_____ (Required)
5	Protest Procedures	I acknowledge that I have read and understand the City of Lincoln Bid Protest procedures. I further recognize that in the event a protest is denied by the City, I may file a protest with the Federal Grant Provider after exhausting all administrative remedies with the City. For further information on a protest, a Vendor may contact the City Purchasing Agent.	_____ (Required)
6	Delivery	State number of delivery days ARO. FOB to the City/County at the location specified with all transportation charges paid.  Department would like the maps printed as soon as possible.	_____ (Required)

- 7 Contact Name of person submitting this bid: \_\_\_\_\_ (Required)
- 8 Electronic Signature Please check here for your electronic signature. \_\_\_\_\_ (Required)
- 9 Page 2 - Attachments Please note that there is a page 2 of Attachments that you must review as part of your bid. \_\_\_\_\_ (Required)

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## Line Items

#	Qty	UOM	Description	Response
1	200	EA	11" x 17" Printing on both sides on appr 28# Hammermill photo white paper, folded in book form to equal 4.25" x 5.5"	\$_____

Manufacturer:      Manufacturer #:

Item Notes: Proof shall be provided to Janette at Health Department prior to printing.<BR> Printing cannot be done on a color copier.

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_