

CLOUD COUNTY COMMUNITY COLLEGE

BID SUBMITTAL FORM

Project Location: 2221 CAMPUS DRIVE Bid \$ Available Start Date:_____ Length of time for Completion: Submitting Firm: Address: Name of Authorized Representative (print/type): Authorized Signature: _____ Phone Number: _____ FIRM PRICING Prices submitted in this bid form are firm through (minimum 30 days):