Bid Form

EAST MISSISSIPPI STATE HOSPITAL

Campus Beautification Services

IFB No.: EMSH-2026-08-BEAUTY

Bidder Information

Company Name:_____
Address:_____
City/State/Zip:_____
Primary Contact:_____
Phone Number:_____
Email:_____

1. Company Profile & Qualifications

Provide a brief description of your company, including relevant experience, licensing, insurance, and similar project references.

2. Detailed Work Plan & Timeline

Describe the proposed approach including installation, maintenance, debris removal, and enhancements.

3. Itemized Cost Estimate

Labor Costs:
Material Costs:
Equipment Costs:
Other Costs:
Total Bid Amount:

Bid Submission Certification

By signing below, the bidder certifies that all information provided is accurate and complete.

Authorized Representative (Print Name):

_____

Title:

_____

Signature:

_____

Date:

_____