



Supports Coordinator: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Provider Bid/Estimate Form**

\*\*This portion to be filled out by Supports Coordinator

Participant Name: \_\_\_\_\_  
First M. I. Last

Address \_\_\_\_\_  
Physical/ Street Address City/Town State Zip Code

Phone Number: \_\_\_\_\_ Alternative Contact: \_\_\_\_\_  
Name & Phone Number

Brief Description of Work to be Completed: \_\_\_\_\_

### **Provider Bid/Estimate**

\*\*This portion to be filled out by Provider or submit bid/estimate in own format

Provider/Business Name: \_\_\_\_\_

Address \_\_\_\_\_  
Billing/Mailing Address City/Town State Zip Code

Phone Number: \_\_\_\_\_ Are you currently Licensed in the State of Michigan?  Yes (please attach copy)  No

Do you have an updated Certificate of Liability Insurance?  Yes (please attach copy)  No

Does this project require a permit?  Yes  No

Detailed Description of Service and Itemized Costs (please attach bid form/estimate, if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Estimated Cost: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

Do you require advance payment/money down?  Yes  No If so, how much? \_\_\_\_\_

\_\_\_\_\_  
Provider Signature/Agreement Date

**Please Return Completed Form with any additional attachments to the Supports Coordinator listed above.**