



QUOTE PROPOSAL FORM

Roof Replacement – Spruce Terrace

Quote # 2025-8S

Marion County Housing Authority

1. Contractor Information

Company Name: _____

CCB License Number: _____

Contact Person: _____

Address: _____

Phone Number: _____

Email Address: _____

2. Base Quote (Lump Sum)

Total Price for Roof Replacement Work (all buildings):

\$ _____

3. Unit Pricing – Substrate Replacement (as needed)

Per Sheet Price (deck substrate replacement):

\$ _____

4. Roofing Material Specification

Manufacturer Name: _____

Shingle Product Name: _____

Shingle Warranty: _____

Meets or exceeds required specs: Yes ☐ No ☐

5. Proposed Project Schedule

Estimated Start Date: _____

Estimated Substantial Completion Date: _____

Estimated Final Completion Date: _____

6. Acknowledgments

☐ I acknowledge receiving and reviewing all issued addenda (if applicable).

☐ I certify that this quote is submitted in accordance with Oregon public contracting rules and BOLI requirements.

☐ I understand that Marion County Housing Authority reserves the right to reject any or all quotes.

☐ Attached W-9 form

☐ Attach COI Form

7. Authorized Signature

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____