**ADVERTISEMENT**

The **City/Town** Housing Authority, the Awarding Authority, invites sealed bids from Contractors for the **Housing Type: Elderly 667-#, Family 200-# or 705-#, Special Needs 689-#** Development for the **City/Town** Housing Authority in **City/Town** Massachusetts, in accordance with the documents prepared by **Architect/Engineer’s Name**.

The Project consists of: **Brief one or two sentence description of the work**

The work is estimated to cost $ **Dollar Amount (include the cost of alternates for the bondable estimate)**

Bids are subject to M.G.L. c.149 §44A-J & to minimum wage rates as required by M.G.L. c.l49 §§26 to 27H inclusive.

General Bids will be received until 2:00 **p.m.,** **Day of the Week and Date** and publicly opened, forthwith***.***

All Bids should be delivered to: **LHA Address, Street, Town, State, Zip (*if using Electronic Hosting and/or eBidding, insert language as provided by the Vendor*** and received no later than the date & time specified above.

General bids shall be accompanied by a bid deposit that is not less than five (5%) of the greatest possible bid amount (considering all alternates) and made payable to the **City or Town** Housing Authority.

Bid Forms and Contract Documents will be available for pick-up at:

**LHA Address, Street, City, State, Zip (*if using Electronic Hosting and/or eBidding insert language as provided by the Vendor*)**

There is a plan deposit of $ **Amount** per set (maximum of 2 sets) payable to the Awarding Authority.

Deposits must be a certified or cashier's check.This deposit will be refunded for up to two sets for general bidders upon return of the sets in good condition within thirty days of receipt of general bids. Otherwise the deposit shall be the property of the Awarding Authority.

Additional sets may be purchased for $ **Amount**

Bidders requesting Contract Documents to be mailed to them shall include a separate check for $ **Amount** per set, payable to the Awarding Authority, to cover mail handling costs.

The job site and/or existing building will be available for inspection between **Time** A.M. and **Time** P.M. on **Date**.

For an appointment call **Name of Contact Person at the LHA Phone Number.**