City/Town or Other Awarding Authority Prequalification Confirmation

Apparent 3 Lowest Bidders Form

Approved Funding Program(s):

☐ **Chapter 90 Program** ☐ **Complete Streets Program** ☐ **Municipal Small Bridge Program**

☐ **Utility Grants Program** ☐ **Mass-Works Program** ☐ **Municipality Funds**

☐ **Other** _____

City / Town or Other Awarding Authority_____

Location: _____

Description: _____

_____

Class of Work: _____

Bid Opening Date: _____ **Project Value: $**_____

Contractor	Address	City	State/Zip	Total Bid	Rank

Signature of person completing form: _____

Sign Date

Print name: _____

Comments:

_____

_____

MASSDOT PREQUAL. OFFICE USE ONLY

All Bidders Prequalified: Yes / No **Reviewed by:**_____ **Tracking System Input:** ☐

Copied District SAE / Funding Program Manager(s) ☐ **Close File:** _____ **Date**_____

Was Class of Work Limit Exceeded: **Yes** **No**

Comments:_____

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