



**GENERAL MAINTENANCE /HANDYMAN/LIGHT CONSTRUCTION/  
SMALL T.I. PROJECT SERVICES REQUIREMENTS CONTRACT**  
**INVITATION FOR BID**  
**SECTION VI**  
**ATTACHMENT "A"**  
**OFFER AND ACCEPTANCE**

**90-25-374-IFB**

Invitation for Bid No: **90-25-374-IFB**

Due Date: **August 19, 2025**

**Under \$25K General Maint./Handyman/Light Construction/Small T.I. Project  
Services-Requirements Contract**

Time **11:00 A.M. /local AZ**

Email offers/bids/proposals to: [Mary.Hammer@valleywisehealth.org](mailto:Mary.Hammer@valleywisehealth.org)

Contact: **Mary Hammer**

Email: **Mary.Hammer@Valleywisehealth.org**

By signing below, the Proposer hereby certifies that:

They have read, understand, and agree that acceptance by Valleywise Health of the Offeror's offer by the issuance of a purchase order or contract will create a binding contract; They agree to fully comply with all terms and conditions as set forth in the Valleywise Health Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement;

The person signing the Offer certifies that he/she is the person in the Offeror's organization responsible for, or authorized to make, decisions regarding the prices quoted. The Offeror is a corporation or other legal entity.

No attempt has been made or will be made by the Offeror to induce any other firm or person to submit or not to submit an Offer in response to this IFB.

☐ All amendments to this IFB issued by Valleywise Health have been received by the person/organization below. All amendments are signed and returned with the Offer.

☐ No amendments have been received.

Offer is valid for 180 days from the date of submission.

**Vendor Bid**

Company Name: \_\_\_\_\_

Contractor FEIN/SSN: \_\_\_\_\_

Company Account Manager: \_\_\_\_\_

Payment Terms: **net 45 days**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature

Typed Name

Title

Date

**ACCEPTANCE OF OFFER AND CONTRACT AWARD (For Valleywise Health Use Only)**

Your offer is hereby accepted. The Contractor is now bound to sell the materials and/or services listed by the attached award notice based upon the solicitation, including all terms conditions, specifications, amendments, etc., and the Contractor's offer as accepted by the District. The Contractor is hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until Contractor receives an executed **Purchase Order**.

**MARICOPA COUNTY SPECIAL HEALTH CARE  
DISTRICT dba: VALLEYWISE HEALTH**

**This is NOT a Purchase Order**

Date: \_\_\_\_\_

Contract Term: Three (3) years with Two (2) one-year options to extend

Contract Number: **90-25-374-** \_\_\_\_\_

Contract Effective Date: **November 23, 2025**