



University of Iowa Health Care

800 Evashevski Drive, HPR3 SB6 Iowa City, IA 52242 319-356-2330 Tel 319-353-7855 Fax

PROJECT MANUAL

FOR

[PROJECT TITLE]
UIHC Project #____

THE UNIVERSITY OF IOWA IOWA CITY, IOWA

PRE-BID CONFERENCE: [Time] a.m., Central Time, [Date]

800 Evashevski Drive, HPR3, Room _____,

Iowa City, Iowa 52242

SITE TOUR: <u>Immediately following Pre-Bid Conference</u>

(Refer to 2.1.1 of Section 00 74 13)

UIHC PROJECT MANAGER: [Name]; (319) 356-2330

BIDS DUE: <u>2:01 p.m., Central Time, [Date]</u>

Via Bid Express (www.bidexpress.com)

DESIGN PROFESSIONAL: [Name of Firm]

CONTACT PERSON: [Firm's Project Manager for this project]

ADDRESS: [Address]

PHONE: [Phone number with area code]

FAX: [FAX number with area code]

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