

Project Name: City of Dayton Police Station

Address: 10 Abbey Ave. Dayton, Ohio

Jurisdiction: Montgomery County

Total Project SF: 11,000

Prevailing Wage: Yes

Tax Exempt: Yes



3520 State Route 49 PO Box 309 Arcanum, Ohio 45304

937-692-5107 Main / 937-692-5678 Fax

Please return the completed Prequalification Form and Bid Sheet along with any other supporting information for your bid to jessi@brumbaughconstruction.com by September 20, 2024 @ 10am

Company Name: \_\_\_\_\_
Address: \_\_\_\_\_
Estimator: \_\_\_\_\_
Phone & Email: \_\_\_\_\_
Project Manager: \_\_\_\_\_
Phone & Email: \_\_\_\_\_

Plans Dated: \_\_\_\_\_
Scope of Work Dated: \_\_\_\_\_
Bid Dated: \_\_\_\_\_
Valid Until: \_\_\_\_\_

Table with 7 columns: Item Description, Included, Type, Unit, Quantity, Unit Cost, Line Total. Sections include PAINT and FLOORING with various sub-items and checkboxes.

WALL TILE						
Item Description	Included	Type	Unit	Quantity	Unit Cost	Line Total
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
SUB-TOTAL						
COVE BASE						
Item Description	Included	Type	Unit	Quantity	Unit Cost	Line Total
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
SUB-TOTAL						
ADDITIONAL ITEMS						
Item Description	Included	Type	Unit	Quantity	Unit Cost	Line Total
	<input type="checkbox"/> Yes					
	<input type="checkbox"/> Yes					
	<input type="checkbox"/> Yes					
	<input type="checkbox"/> Yes					
SUB-TOTAL						

**PROJECT TOTAL**

GENERAL CONDITIONS			EXCLUSIONS
Item Description	Included	Notes:	
Sales Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prevailing Wage	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Engineering Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Permit Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Shop Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Warranty	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mobilizations	<input type="checkbox"/> Yes <input type="checkbox"/> No		

VALUE ENGINEERING OPTIONS / ALTERNATES				
Item Description	Unit	Quantity	Unit Cost	Line Total

LEED and/or SITE ENERGY USE INTENSITY ENHANCEMENT OPTIONS / ALTERNATES				
Item Description	Unit	Quantity	Unit Cost	Line Total