

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: _____

MISCELLANEOUS							
Item Description	Material	Install	Type	Unit	Quantity	Unit Cost	Line Total
Interior Signage / Room Signs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Fire Extinguisher	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Fire Extinguisher with Cabinet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Window Blinds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Partition Walls / Operable Partition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Metal Lockers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
SUB-TOTAL							
BATH ACCESSORIES							
Item Description	Material	Install	Type	Unit	Quantity	Unit Cost	Line Total
Partitions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Grab Bar Sets; 42", 36", 18"	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Toilet Tissue Dispenser	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Seat Cover Dispenser	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Napkin Disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Soap Dispenser	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Robe Hooks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Paper Towel Dispenser	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Waste Receptacles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Paper Towel Dispenser with Waste Receptacle	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Shower Curtain Rod with Hooks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Mirrors	<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	Material	Install	Type	Unit	Quantity	Unit Cost	Line Total
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes					
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes					
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes					
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes					
	<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				
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