

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](mailto:jessi@brumbaughconstruction.com) by September 20, 2024 @ 10am

|                        |                            |
|------------------------|----------------------------|
| Company Name: _____    | Plans Dated: _____         |
| Address: _____         | Scope of Work Dated: _____ |
| Estimator: _____       |                            |
| Phone & Email: _____   |                            |
| Project Manager: _____ | Bid Dated: _____           |
| Phone & Email: _____   | Valid Until: _____         |

| POST TENSION FABRIC BUILDING   |  |  |      |      |          |           |            |
|--------------------------------|--|--|------|------|----------|-----------|------------|
| Item Description               | Material   | Install  | Type | Unit | Quantity | Unit Cost | Line Total |
| Freight                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Foundation                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Mesh Vents                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Geotextile Liner               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Insulation                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Interior Liner Panel           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Doors, Overhead                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Doors, Personnel               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| SUB-TOTAL                      |  |  |      |      |          |           |            |
| PRE-ENGINEERED METAL BUILDING  |  |  |      |      |          |           |            |
| Item Description               | Material   | Install  | Type | Unit | Quantity | Unit Cost | Line Total |
| Freight                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Red Primer                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Grey Primer                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Standing Seam 360 Roof         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Roof Insulation                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Gutters/Downspouts/Trims       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Exterior Wall Panels           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Wall Insulation                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Interior Wall Liner Panels     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Ceiling Liner Panels           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Additional Load Considerations | <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                      |  |  |      |      |          |           |            |
| MISCELLANEOUS                  |  |  |      |      |          |           |            |
| Item Description               | Material   | Install  | Type | Unit | Quantity | Unit Cost | Line Total |
| Flag Pole                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |      |      |          |           |            |
| Canopy                         | <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 |
|                           |      |          |           |            |
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| LEED and/or SITE ENERGY USE INTENSITY ENHANCEMENT OPTIONS / ALTERNATES |      |          |           |            |
|--|------|----------|-----------|------------|
| Item Description   | Unit | Quantity | Unit Cost | Line Total |
|  |      |          |           |            |
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