

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: _____

LAUNDRY EQUIPMENT							
Item Description	Material	Install	Type	Unit	Quantity	Unit Cost	Line Total
Soak Sink	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Washer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Dryer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Stainless Steel Work Counter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Storage Shelving	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Garment Rack	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
SUB-TOTAL							
FOOD SERVICE EQUIPMENT							
Item Description	Material	Install	Type	Unit	Quantity	Unit Cost	Line Total
Cooler	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Freezer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Range	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Dishwasher	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Coffee Maker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Stainless Steel Work Counter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Storage Shelving	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
SUB-TOTAL							
LOADING DOCK EQUIPMENT							
Item Description	Material	Install	Type	Unit	Quantity	Unit Cost	Line Total
Lift Station	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Mechanical Dock Leveler	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Restraints	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Shelters	<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							
ELEVATOR							
Item Description	Material	Install	Type	Unit	Quantity	Unit Cost	Line Total
Elevator	<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							
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