

**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: _____

CASEWORK						
Item Description	Included	Type	Unit	Quantity	Unit Cost	Line Total
Windows: Jam Extensions, Casing, Skirt	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Doors: Jam Extensions, Casing	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Window Sills, Solid Surface	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Baseboard Trim	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Shelving	<input type="checkbox"/> Yes <input type="checkbox"/> No					
SUB-TOTAL						
CABINETS						
Item Description	Included	Type	Unit	Quantity	Unit Cost	Line Total
Plastic Laminate Base Cabinets	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Plastic Laminate Upper Cabinets	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Plastic Laminate Tops with 4" Splash	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Solid Surface Tops with 4" Splash	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Solid Surface Tops, No Splash	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Plastic Laminate Work Surface Only	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Solid Surface Work Surface Only	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Work Surface Brackets	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Plastic Laminate Lockers	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Plastic Laminate ADA Compliant Vanity	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Solid Surface ADA Compliant Vanity	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Integrated Solid Surface Sinks	<input type="checkbox"/> Yes <input type="checkbox"/> No					
SUB-TOTAL						
ADDITIONAL ITEMS						
Item Description	Included	Type	Unit	Quantity	Unit Cost	Line Total
Site Visit for Field Verification / Measurements	<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