

Attachment 4

Price Proposal Form

**Redmond Municipal Airport
Terminal Building Expansion Project
City Project No. AP2205**

Proposer: _____

INSTRUCTIONS

- In completing this Price Proposal Form, the Proposer must enter a number for each component of the Price Proposal. No other entries, modifications, or qualifications may be entered. Failure to fully comply with these requirements will be grounds for a Price Proposal being determined nonresponsive. City of Redmond (“City”) reserves the right to reject any or all Price Proposals, and to waive as an informality any nonmaterial irregularities in a submitted Price Proposals.
- Price proposals must be (1) submitted on the forms furnished herein or on copies of those forms, and (2) manually signed in blue ink. The person signing the Price Proposal Form must initial each page.
- Proposers must input amounts in the format provided in the Price Proposal Form. City will only consider requested information. All blank spaces must be filled in.
- Proposers must include their completed Price Proposal along with their completed DBE Compliance Packet (Attachment 7) in a sealed envelope labeled “Redmond Municipal Airport – CM/GC Price Proposal/DBE Compliance Packet for Terminal Building Expansion Project AP2205.”

ALL EMPTY SPACES MUST BE FILLED IN WITH A NUMBER, DO NOT USE N/A OR ANY OTHER WORDING, NUMERICAL ENTRIES ONLY

Cost of the Work (COW*) (HARD COST ONLY) **\$75,000,000**

COW – Cost of the Work as described in the CM/GC Contract, Section 8 (Attachment 6) (excluding General Conditions). This is an estimate for comparison purposes only and will change as the project progresses.*

1. Not to Exceed Preconstruction Phase Services Fee **\$ _____**

Provide a Not to Exceed amount for “Preconstruction Phase Services” described in the Draft CM/GC Contract, Section 3.1 (Attachment 6). Provide and breakdown of hours and rates below.

Position	Rate (\$/hr)	Estimated Hours	Extension
Project Executive			
Project Manager			
Superintendent			
Project Engineer			
Preconstruction/Estimating Manager			
Scheduler			
BIM Manager			
Other (_____)			
Estimated Preconstruction Services			

2. Construction General Conditions **_____ % \$ _____**

Provide a maximum NOT TO EXCEED cost for General Conditions based on a percentage of assumed construction hard costs above. General Conditions per the CM/GC Contract, Section 8 “Cost of the Work” and Exhibit E “General Conditions Cost of Work Matrix” (Attachment 6). Note: The General Conditions will be negotiated based final project scope and schedule. The General Conditions will be contractually established in the GMP amendment(s). For purposes of estimating a General Conditions cost, assume a 24-month construction period.

Initials: _____

3. **Construction Manager's Fee** _____ % \$ _____

Provide a construction manager's fee based on a percentage of assumed construction hard costs above. This fee will apply for all base contract scope and any change orders issued post-GMP.

4. **Construction Manager's General Conditions on Change Order Work** _____ % \$ _____

Provide a construction manager's general conditions percentage for any change orders issued post-GMP. For the purposes of calculating the cost extension for this item, assume \$1,000,000 in change order costs.

5. **Construction Manager's Bond Rate** _____ % \$ _____

For the purposes of calculating the cost of the Payment Bond and Performance Bond, assume an estimated COW as referenced above on this Price Proposal Form.

6. **Construction Insurance Rate** _____ % \$ _____

For the purposes of calculating the cost of insurance, assume an estimated COW as referenced above on this Price Proposal Form.

7. **TOTAL** \$ _____

Sum of Items 1-6

Initials: _____

PROPOSER INFORMATION:

Proposer's Business Name:

Address:

Business Phone #:

Business Fax #:

Business Email:

Type of Business:

- Sole Proprietorship
- Partnership
- Corporation (State of Incorporation _____)
- Limited Liability Company (State of Organization _____)
- Other _____

State Contractor Registration Number:

Unified Business Identifier No.:

Employment Security Dept. No.:

IRS EIN Number:

Acknowledgment of Addenda

#_____ Dated _____, #_____ Dated _____.

#_____ Dated _____, #_____ Dated _____.

REPRESENTATIVE AUTHORIZED TO SIGN FOR PROPOSER:

"I certify (or declare) under penalty of perjury under the laws of the State of Oregon that the foregoing is true and correct":	
Signature:	Date:
Print Name and Title	Location or Place Executed:(City, State)

