**Attachment 5**

**SUMMARIZED SCHEDULE OF PROJECT VALUES**

**Surplus II- Hazardous Material Removal**

**No. S201-ITB1**

|  |  |  |  |
| --- | --- | --- | --- |
| **BASE BID ITEM** | **UNIT** |  | **AMOUNT** |
| Division One Costs, General Conditions & Overhead | L.S. | $ |  |
| Mobilization | L.S. | $ |  |
| Demobilization | L.S. | $ |  |
| Bonds | L.S. | $ |  |
| Hazardous Materials Abatement | L.S. | $ |  |
| Dump Fees Landfill | L.S. | $ |  |
| Dump Fees Hazardous Waste Sites | L.S. | $ |  |
| **Base Bid Lump Sum Total** | L.S. | $ |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **BASE BID ITEM** | **UNIT** | **AMOUNT** |
| Building XXXX | L.S. | $ |
| Building XXXX | L.S. | $ |
| Building XXXX | L.S. | $ |
| Building XXXX | L.S. | $ |
| Building XXXX | L.S. | $ |
| Building XXXX | L.S. | $ |
| Building XXXX | L.S. | $ |
| Building XXXX | L.S. | $ |
| Building XXXX | L.S. | $ |
|  |  |  |
| **Base Bid Lump Sum Total** | L.S. | $ |

*Within 24 hours of the closing of the Bid period, the two apparent lowest responsive and responsible bidders shall completely fill out and submit this Summarized Schedule of Project Values to the Board, to the same address at which this proposal was received.*

***COST BREAKDOWN FORM FOR CONTRACT MODIFICATION***

*THIS FORM SHALL BE USED FOR ALL CHANGES TO CONTRACT COST*

*One separate form shall be used by Contractor, each first tier subcontractor and each lower tier subcontractor. One form for each shall be used for each change order. One form for each, for each day shall be used for force-account work.*

*CHANGE ORDER NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CHANGE ORDER DESCRIPTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CONTRACTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *LABOR* | | | | |
| *NAME* | *CLASSIFICATION* | *HOURS* | *RATE* | *TOTAL* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *TOTAL LABOR COSTS (Enter here and on Line 1 of Page 9)* | | | |  |

|  |  |
| --- | --- |
| *MATERIALS* | |
| *DESCRIPTION* | *COST* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *TOTAL MATERIAL COSTS (Enter here and on Line 4 of Page 9)* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *EQUIPMENT RENTAL* | | | | |
| *SIZE AND TYPE* | *I.D. #* | *HOURS* | *RATE* | *TOTAL* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *TOTAL EQUIPMENT RENTAL COSTS (Enter here and on Line 8 of Page 9)* | | | |  |

|  |  |
| --- | --- |
| *SPECIALIST* | |
| *DESCRIPTION* | *COST* |
|  |  |
|  |  |
| *TOTAL SPECIALIST COSTS (Enter here and on Line 11 of Page 9)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *TOTAL COSTS* | | | |
| *1. TOTAL LABOR COSTS* |  | *At Line 2, insert “%” based upon CALTRANS LABOR SURCHARGE & EQUIPMENT RENTAL RATE, current at date of work* | |
| *2. \_\_\_ % of Line 1 (see right)* |  |
| *2a. ADD Lines 1 and 2* |  |  | |
| *2b. 33 % of Line 2a* |  |  | |
| *3. ADD Lines 2a and 2b* | | |  |
| *4. TOTAL MATERIAL COSTS* |  | *At Line 6, insert “%” based upon PREVAILING LOCAL SALES TAX RATE, current at date of work* | |
| *5. 15 % of Line 4* |  |
| *6. \_\_\_ % of line 4* |  |
| *7. ADD Lines 4, 5 and 6* | | |  |
| *8. TOTAL EQUIPMENT RENTAL COSTS* |  |  | |
| *9. 15 % of Line 8* |  |
| *10. ADD Lines 8 and 9* | | |  |
| *11. TOTAL SPECIALIST COSTS* |  |  | |
| *12. 15 % of Line 11* |  |
| *13. ADD Lines 11 and 12* | | |  |
| *14. TOTAL COST OF EXTRA WORK (ADD Lines 3, 7, 10 and 13)* | | |  |

*CONTRACTOR OR AUTHORIZED REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*HRS VERIFIED BY OWNER’S INSPECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***RECAPITULATION OF COSTS FORM FOR CONTRACT MODIFICATION***

*Use this form to add total costs of extra work of Contractor, first tier subcontractors and lower tier subcontractors. One form shall be used for each change order. One form shall be used each day for force-account work.*

|  |  |  |
| --- | --- | --- |
| *1. TOTAL COST OF CONTRACTOR'S EXTRA WORK* | |  |
| *2. FIRST TIER SUBCONTRACTOR* | *COST OF EXTRA WORK* |  |
| *2a.* |  |
| *2b.* |  |
| *2c.* |  |
| *2d.* |  |
| *2e.* |  |
| *2f.* |  |
| *3. TOTAL COSTS OF FIRST TIER SUBCONTRACTORS' EXTRA WORK*  *(Add Lines 2a through 2f)* | |  |
| *4. 5 percent of Line 3* | |  |
| *5. LOWER TIER SUBCONTRACTOR* | *COST OF EXTRA WORK* |  |
| *5a.* |  |
| *5b.* |  |
| *5c.* |  |
| *5d.* |  |
| *5e.* |  |
| *6. TOTAL COSTS OF LOWER TIER SUBCONTRACTORS' EXTRA WORK (Add Lines 5a through 5f)* | |  |
| *7. 10 percent of Line 6* | |  |
| *8. CONTRACT CHANGE ORDER AMOUNT (Add Lines 1, 3, 4, 6 and 7)* | |  |

***CONTRACTOR OR AUTHORIZED REPRESENTATIVE:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***