  
 **Facilities & Services** Engineering & Construction Services

**Pricing Proposal**

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| TO: | | | |
| Contact Name: | Stacey DeLorenzo | Date: | 3/11/20 |
| Contact Email: | sdeloren@illinois.edu | | |
| Phone: | 217-300-1750 | | |
| Project Name / WO # / Description: | Flagg Hall Bike Shelter | | |
| FROM: (Name, Email, Phone No.) | Jerry Lauderdale, jlauderd@illinois.edu, 217-244-6136 | | |

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| **Select Type of Estimate** | |
|  | **For Budget and Planning Estimates:** A representative from Facilities & Services will provide this estimate using gross unit costs and estimated areas with the understanding that the scope of work is not completely defined. Engineering review is limited to general conversations about the electrical, mechanical, and structural needs and existing site conditions. Actual construction costs will vary based on adherence to the scope of work identified and defined in the original estimate, as well as phasing and scheduling changes that occur subsequent to original discussions. |
|  | **For Time and Material Estimates**: A representative from Facilities & Services will work with the unit contact person to clearly define the scope of work in writing. Reasonable architectural and engineering design may be involved to develop a detailed scope of work and to create construction documents. Itemization of cost components will not be provided to the unit. Estimates older than 30 days may not be accurate or valid due to various factors, and an updated estimate may be required. |
|  | **For Engineering Design Services Estimates:** The unit or a Facilities & Services department may engage the Facilities & Services Engineering Design Services department to develop a scope of work and create construction documents as required. Costs associated with these services will be charged to the unit. |

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| **Item** | **Description of Scope Item** | | | | |
|  | Install bike shed per drawings | | | | |
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| **Estimated Value** | | | | | | |
| (key in number only; $ not required) **Total Estimated Value** | | | | | 73000.00 | |
| **10% Contingency** | | | | | 7300.00 | |
| **Total Budget** | | | | | 80300.00 | |
| **Phase Start Date End Date** | | | | | |  |
| Construction | | | 4/13/20 | 5/11/20 | | |
| Substantial Completion | | |  |  | | |

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| **\* Contingency Policy: Customers are not billed for contingency unless it is used. Costs will only be billed against the contingency for one of the seven (7) change categories: Client Request, ECS Staff changes/ scope, Professional Services Consultant (PSC) Error, PSC Omission, Code/Standards, Delivery Schedule, and Unforeseen Conditions.**  **NOTE: This form cannot be altered by the customer or user. Additions or modifications require a revision in the scope of work and the associated expected cost. Altered proposals will be cancelled. For additional information regarding Construction Services estimates, see Campus Administrative Manual policy VI-B-1.** | | | | | | | | |
| **Please accept or decline this estimate within 30 days** | | | | | | |
| **Authorization:** |  | Accept |  | Decline |  | Revise |
| If accepted, you agree with the general scope and the expected cost as presented. If you desire the work to be performed, please provide an account number below and this form will serve as authorization to proceed. For Engineering and Design estimates, an account number is required to pay for the cost of the estimate regardless of whether you accept or decline. | | | | | | |

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| **Certification** | |
|  | I understand this estimate is for **Budgeting and Planning** purposes only and the actual cost may exceed the budgeted cost. I understand that a detailed scope and fixed cost estimate may be requested prior to the commencement of work. Otherwise the work will proceed on a time & material basis.  I understand this estimate is for **Time and Material** purposes only, and cost will not exceed the budgeted amount without an approved change order. |
|  | I understand this estimate is for **Engineering and Design** only and I want F&S to proceed with developing a fixed cost or Budgeting and Planning estimate. |

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| **Account Information** | |
| Department Authorization: | Stacey DeLorenzo |
| Print Name and Title: | Stacey DeLorenzo - TDM Coordinator |
| AiM Account #: | NN814- |