**Project Name: STEM Innovation Center**

**WSU Project No.:** **008-302306**

**Total Project Budget: $40,000,000**

**Firm Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Schedule C1: FORM of PROPOSAL**

**Construction Managers Costs**

Pre-Construction Services \*(Hourly not-to-exceed) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Overhead and Profit (% x Cost of the Work) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Percentage \_\_\_\_\_%

Cost of the Work (Estimate) $28,000,000

 Construction Services

On-Site Project Management and Staffing

\*(Hourly not-to-exceed) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 General Conditions

\*\*(Actual Costs not-to-exceed) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total**  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please complete the Level of Effort Table in Schedule C2

\*\*Please provide a list of all General conditions items and costs including those items in the Level of Effort Table (second tab) in Schedule C2

Please answer the following questions.

1. Claims and Suits:
	* Has your organization ever defaulted on a contract?
	* Are there judgements, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?
	* Has your organization been a party to any lawsuits or claims with regard to construction contracts within the last 5 years?
2. Insurance: Please provide a sample copy of your Firm’s insurance certificate and clarify what insurance limits your firm currently carries for:
	* Professional Liability (Per Occurrence & Aggregate)
	* General Liability (Per Occurrence & Aggregate)
	* Umbrella Liability (Per Occurrence & Aggregate)
	* Automobile Liability (Per Occurrence & Aggregate)
	* Employer’s Liability (Worker’s Compensation)
	* Pollution Liability (Per Occurrence & Aggregate)
3. Workload: State total revenue for the prime or lead firm of work currently in progress and under contract.

1. Bonding Capacity: Please provide your firms current single bond capacity and aggregate bond capacity.
2. EMR Rating: Please provide your firms current State and Interstate EMR ratings for the past 3 years.
3. Revenue Information: For the prime or lead firm, for the most recent five years, please provide your firm’s overall revenue and local office revenue:

  2012            2013                2014 2015           2016

Total Firm Revenue                        $            $                    $             $          $

  2012            2013                2014 2015           2016

Local Office Revenue                        $            $                    $             $          $

\*If the firm submitting is a Joint Venture please provide revenue information for both firms.