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| **Schedule of Services** | **Rates** |
| Re-pointing CMU (Concrete Masonry Unit) or Brick – Linear foot to nearest inch |  |
| Re-pointing brick – per square foot |  |
| Concrete Caps – Linear foot to nearest inch |  |
| Hourly rate under $2,000.00 |  |
| Hourly rate for Davis-Bacon Residential - OH33 |  |
| Hourly rate for Davis-Bacon Building - OH109 |  |
| Equipment Expense - Scaffolding as needed – Identify height determination where applicable |  |
| Equipment Expense – Tow Behind or Drive Around Lift as needed – Identify height determination where applicable |  |
| **Subcontracting any portion of the Schedule of Services is allowed; however, Proposer shall provide details on the role any subcontractor that will be used.** |  |
| **Please use an additional sheet if necessary.** |  |

**Price Proposal Form**

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal I.D. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_