ATTACHMENT 10

PRICE PROPOSAL WORKSHEET

**SPECIAL INSPECTIONS AND MATERIALS TESTING SERVICES**

Proposer must list its proposed pricing and estimated quantities of the services described in the worksheet. The prices listed must coordinate with prices listed in the Proposer’s not-to-exceed cost proposal. Proposer must submit the completed form with its Cost Proposal. The proposer shall determine estimated quantities based on the construction documents provided.

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| --- | --- | --- | --- | --- | --- |
| 1. **Hourly Rates** | | | | | |
| **Category** | **Position Title/Description** | | **Units** | **Estimated Quantity** | **Unit Rate** |
| **Professional and Management** | Registered Geotechnical Engineer | | Hour |  |  |
| Registered Civil Engineer | | Hour |  |  |
| Project Engineer | | Hour |  |  |
| Staff Engineer | | Hour |  |  |
| Project Manager | | Hour |  |  |
| **Special Inspection, Testing, and Sampling** | Lead Special Inspector | | Hour |  |  |
| Earthwork/Asphalt Concrete Inspector and Materials Tester | | Hour |  |  |
| DSA Shotcrete Inspector | | Hour |  |  |
| DSA Masonry Inspector | | Hour |  |  |
| CWI Welding Inspector | | Hour |  |  |
| Nondestructive Testing (NDT) Inspector | | Hour |  |  |
| ICC Inspector | | Hour |  |  |
| Firestop Inspector | | Hour |  |  |
| Inspector/Technician | | Hour |  |  |
| **Offsite Fabrication** | Precast Concrete Inspection | | Hour |  |  |
| CWI Welding Inspection | | Hour |  |  |
| Non-Destructive Testing | | Hour |  |  |
| Shift differential for prevailing wage positions only | | Hourly Rate x: | |  |  |
| Overtime factor for prevailing wage positions only | | Hourly Rate x: | |  |  |
| Doubletime factor for prevailing wage positions only | | Hourly Rate x: | |  |  |
| 1. **Fixed-Price Rates** | | | | | |
| **Category** | **Position Title/Description** | | **Units** | **Estimated Quantity** | **Unit Rate** |
| **Laboratory Testing** | Lab Maximum Density 4-inch mold | | Test |  |  |
| Lab Maximum Density 6-inch mold | | Test |  |  |
| Plasticity Index | | Test |  |  |
| Sand Equivalent | | Test |  |  |
| Theoretical Maximum Density | | Test |  |  |
| Asphalt Core Density | | Test |  |  |
| Mix Design Review | | Each |  |  |
| Rebar Tensile/Bend | | Set |  |  |
| Concrete Compressive Strength | | Test |  |  |
| Mortar Cylinder Compressive Strength | | Test |  |  |
| Grout Compressive Strength | | Test |  |  |
| CMU Compressive Strength | | Test |  |  |
| Composite Masonry Prisms Tests | | Test |  |  |
| Absorption/Moisture Content/Oven Dry Density | | Test |  |  |
| Linear Shrinkage | | Test |  |  |
| Masonry Core Compressive Strength | | Test |  |  |
| Masonry Core Shear Test | | Test |  |  |
| High Strength Grout Cube Compressive Strength | | Test |  |  |
| Fireproofing Dry Density | | Test |  |  |
| High Strength Bolt Hardness, Wedge, Tensile Strength | | Set |  |  |
| Sample Pickup | | Trip |  |  |
| **Equipment** | Nuclear Gauge | | Day |  |  |
| Pull /Torque Test Equipment | | Day |  |  |
| Fireproofing Adhesion/Cohesion Test | | Day |  |  |
| UT/NDT Testing Equipment | | Day |  |  |
| Skidmore Equipment | | Day |  |  |

Complete the following table with any additional hourly positions or fixed-price items not included in the above Tables I and II. Additionally, for hourly positions indicate if those positions are subject to and governed by the Prevailing Wage Laws (“PW”) by specifying Yes (“Y”) or No (“N”). Insert additional pages if necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Other** | | | | | |
| **Category** | **PW?**  **Y or N** | **Position Title/Description** | **Units** | **Estimated Quantity** | **Unit Rate** |
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Enter the Proposer’s “not to exceed” cost proposal total. Attach the Proposer’s “not to exceed” cost proposal for all work and expenses payable under the contract, if awarded, including a detailed line item budget showing total cost of the proposed services. For items not listed in the above Tables I, II, and III, a full explanation of all budget line items is required in a narrative entitled “Budget Justification.”

|  |  |
| --- | --- |
| 1. **Not To Exceed Cost Total** | |
| **Enter the Proposer’s Not to Exceed Cost Proposal Total:** | **$** |

[Attach Proposer’s not to exceed cost proposal]