

Moffitt-Long Hospital L382 Neuro Interventional Radiology (IR) Equipment Replacement

Project No.: PRO-000116 / Contract No.: CM0027

BID SUMMARY

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO MEDICAL CENTER

OFFICE OF DESIGN AND CONSTRUCTION

	Peacock Construction		TCB Builders	
Contract Price - Phase 1 Lump Sum		\$118,799.00		\$314,067.00
+				
(CM Contractor's Fee %) x (\$2,000,000)	5.200%	\$104,000.00	4.000%	\$80,000.00
+				
(Bidder's Performance and Payment Bonds %) x (\$2,000,000)	1.012%	\$20,240.00	1.100%	\$22,000.00
+				
Total Hourly Rate Sum		\$641,752.50		\$535,315.50
+				
(Electrical Subcontractor's Fee %) x (\$600,000)	11.000%	\$66,000.00	15.000%	\$90,000.00
+				
(Electrical Lower-tier Subcontractor's Fee %) x (\$150,000)	5.000%	\$7,500.00	4.000%	\$6,000.00
+				
(Plumbing Subcontractor's Fee %) x (\$250,000)	11.000%	\$27,500.00	7.500%	\$18,750.00
+				
(Mechanical Subcontractor's Fee %) x (\$400,000)	11.000%	\$44,000.00	10.000%	\$40,000.00
=				
<b>Evaluated Sum</b>		<b>\$1,029,791.50</b>		<b>\$1,106,132.50</b>

Staff Category	Multiplier	Hourly Rate	(Hourly Rate) x (Multiplier)	Hourly Rate	(Hourly Rate) x (Multiplier)
Project Executive	0.20	\$200.00	\$40.00	N/A	
Project Manager(s)	0.50	\$145.00	\$72.50	\$148.00	\$74.00
Project Manager(s) - MEP	0.20	N/A		N/A	
Superintendent(s)	1.00	\$177.00	\$177.00	\$167.00	\$167.00
Assistant Superintendent(s)	1.00	N/A		N/A	
MEP Coordinator(s)	0.25	N/A		N/A	
Senior Project Engineer(s)	0.25	N/A		N/A	
Project Engineer(s)	0.25	N/A		\$62.00	\$15.50
Pre-Construction Manager(s)	0.30	N/A		N/A	
Estimator(s)	0.15	\$120.00	\$18.00	N/A	
Scheduler(s)	0.10	N/A		N/A	
Lean Coordinator(s)	0.50	N/A		N/A	
Field Office Coordinator/Admin Clerk(s)	0.50	N/A		N/A	
Safety Coordinator(s)	0.50	N/A		N/A	

Subtotal (Hourly Rate)x(Multiplier)	\$307.50	\$256.50
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Total (Subtotal) x (2,087)	\$641,752.50	\$535,315.50
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**EXPANDED LIST OF SUBCONTRACTORS**  
*(to be submitted as soon as each subcontractor is selected)*

Provide in the spaces below:

- (a) Not Used.
- (b) The portion of the work which will be done by each subcontractor, the CM/Contractor shall list only one subcontractor for each such portion,
- (c) The name of each subcontractor who will perform work or labor or render service to the CM/Contractor in or about the construction of the work or improvement, or a subcontractor licensed by the state of California who, under subcontract to the CM/Contractor, specifically fabricates and installs a portion of the work or improvement according to detailed drawings contained in the plans and specifications,
- (d) Type of license,
- (e) Verified license number,
- (f) Location of the place of business (full street address, city, state and zip code).

		Subcontractor Information				
(a)	Portion of the Work Activity (b)	Full Name (c)	Type of License (d)	Verified License No. (e)	Street Address (f)	City, State, Zip Code (f)
	Electrical	Blakeslee Electric, Inc.	C10	416488	14 West 3rd Street	Santa Rosa, CA 95402
	Plumbing	Western Allied Mechanical	C20, C36	826782	33210 Central Avenue	Union City, CA 94587
	Mechanical	Western Allied Mechanical	C20, C36	826782	33210 Central Avenue	Union City, CA 94587

(Note: Add additional pages if required.)

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	Plumbing	Bellanti Plumbing, Inc.	C-36; C-4; C-16	327664	121 South Maple Ave, #10	So. San Francisco, CA 94080
	HVAC/Mechanical	California Climate Systems	C-20; C-36	1042008	PO Box 297	Westley, CA 95387
	Electrical	McClure Electric, Inc.	C-10	248877	45 Rausch Street	San Francisco, CA 94103

(Note: Add additional pages if required.)