**COST ESTIMATE REQUEST FORM**

***General Services Dep. Use Only***

**General Services Department G.S. # Acct # WO # Status**

# DEPARTMENT:

**Type:**

**COST CENTER: ISD Support?**

Contact Person: Date rec'd by GSD

Telephone: Returned to Dept. for:

E-mail address:

Yes No

**Facility Address:** Date returned to Dept.

Date returned to GSD

Fiscal Year: Date accepted:

Source of Funding: Date issued:

Facility Name:

# INSTRUCTIONS:

Estimator:

## Department Head or Authorized Designee must approve and sign form prior to sending to General Services.

1. Submit to General Services for all unplanned Capital Projects and Facilities Related Projects including new construction and land acquisition, and property leases.
2. Attach any outside cost estimates or proposals**1**, sketches, drawings or other information that you may have.
3. A copy of a validated estimate must be included in the Budget package submitted to the Administrator.

Has a Request for this modification been submitted previously? When? Department name of project:

**1. Under no circumstances shall the department make any oral and/or written commitment to execute a contract with any vendor and/or service provider that has provided an outside cost estimate or proposal.**

## \* \* \* Note: Fill out Sheet 2 Checklist below, before completing the Project Description \* \* \*

Project description (Provide specific al information such as area, length, width and height, etc. Attach additional information if needed):

Project justification (attach additional information if needed):

# Department Head/Authorized Designee Print Name:

**Department Head/Authorized Designee Signature:** Date:

(Department Head Signature)

**Project total estimate: $** (See attached "Computation of Estimate" for detail)

*Note: Budget estimates are based on conceptual designs derived from the descriptions provided by requestors. Actual costs can vary significantly, depending on the scope of work defined, by future requestor input and final architectural/engineering design, material and labor rate changes, Building Code changes, project location, and unknown site conditions revealed during design and construction. Estimates are based on the assumption contractors paying prevailing wage will execute the work.*

General Services Comments:

**General Services Department Signature:** Date:

**COST ESTIMATE REQUEST FORM - Checklist**

# To assist General Services Department with the scope of project, please review this list and check any items you think may be added, modified, removed or repaired as a result of this work.

**Yes No**

Building square footage added? More staff added?

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Facility operating hours Hrs per Day

**Provide quantities as appropriate; i.e., 1, 2, 3, etc.**

Computer system Landscaping

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Telephone system Shrubs and trees

Electrical system Turf

Lighting Irrigation system

Light switches Fence

Outlets Roof

Service Gutters

Heating and cooling sys. Storm drain

Fire Protection system ADA access

Bathrooms Security System

ADA bathrooms Other:

Plumbing Other:

Sewer system Other:

Water supply Other:

Gas supply Other:

Kitchen Other:

Refrigerator Other:

Sink Other:

Office partitions Other:

Paint

Interior **Capital Improvement Program (CIP)**

Exterior Flooring Interior walls Interior doors Ceiling Exterior walls Exterior doors Windows Stairs Elevators Sidewalks

Driveways Parking Lots

Re-surface Number of stalls ADA stalls

Is this project requested for inclusion in the PIF? \_\_\_\_ If so, provide year \_\_\_\_\_. Is this a request to modify any projects currently in the PIF? \_\_\_\_\_ If so, provide details below: