



Garland/DBS, Inc.
3800 East 91st Street
Cleveland, OH 44105



Return this Worksheet To: dbsbids@garlandind.com or (216) 883-2055 (Fax)

Submission of this form acknowledges receipt and acceptance of:

1. All standard Garland details and specifications.
2. Prevailing Wage Rates; if applicable
3. Project specific specifications, drawings, and details.
4. Subcontractor is **only** responsible to insure the value of the non-Garland Materials & Labor.
PLEASE NOTE: The Garland Materials will be purchased directly by the Customer
5. All on-site tradesmen must have a background check and valid I-9 certificates on file. These documents for review upon request.
6. Default payment terms are 2% at 10 days, Net 45 Days
7. DBS will purchase Garland Material based on the material quantities provided herein. Additional Garland Materials or other manufacturer's materials necessary to complete the project will be the Subcontractor's obligation. Please provide breakdown to assist tracking of Non Garland material
8. Workmanship Warranties will **not** extend beyond five (5) years.

Submit with this Project Cost proposal:

1. Garland Material List with all quantities, unit sizes, & coverage rates (Subcontractors are responsible to obtain material lists, data sheets, and product costs from Garland Rep)
2. Any qualifications/exclusion to Subcontractor's price proposal.

Awarded subcontractor must submit:

1. Site Specific Safety Plan and OSHA 300 log.
2. Equipment list and selected Waste Hauler's License (State or Local).
3. Certificate of Insurance – listing Garland/DBS, Inc. and the project Owner as additional insured's.
4. All licenses and permits.
5. Tax exempt status and sales tax requirements.
6. E-Verify Account Information

CONTRACTOR'S NAME:	<input type="text"/>	
ADDRESS (CITY, STATE, & ZIP CODE):	<input type="text"/>	
TELEPHONE:	<input type="text"/>	CELL: <input type="text"/>
CONTACT PERSON:	<input type="text"/>	
CONTACT E-MAIL ADDRESS:	<input type="text"/>	
PROJECT NAME:	<input type="text"/>	
ADDRESS (CITY, STATE, & ZIP CODE):	<input type="text"/>	
DBS PROPOSAL #:	<input type="text"/>	
GARLAND REPRESENTATIVE:	<input type="text"/>	
PROJECT SQUARE FOOTAGE:	<input type="text"/>	



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CONTRACTOR'S NAME:

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SUBCONTRACTOR AFFIRMATION:

Does your proposal comply with Garland's standard published application procedures?

YES NO

Does your proposal comply with Garland's standard published details?

YES NO

Is your proposal based upon DBS's Continuing Services Agreement?

YES NO

Is your proposal based upon DBS Inc's General Conditions & Acknowledgements (Page1)?

YES NO

Is your proposal based upon Prevailing Wages?

YES NO

Are you using any subs or material suppliers? If yes, please list all potential below:

YES NO

	<u>Name of Sub/Supplier</u>	<u>Estimated Value</u>
Subs/Suppliers:	<hr/>	<hr/>
	<hr/>	<hr/>
This is for Reference only. Please include all Sub/Material pricing in the breakdown on page 3.	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

*If more sub/suppliers are needed, please include in a separate attachment.

SUBCONTRACTOR CLASSIFICATION (Check All That Apply):

- | | |
|---------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Minority Owned Business | <input type="checkbox"/> Veteran-Owned Business (VOB) |
| <input type="checkbox"/> Women-Owned Business (WOB) | <input type="checkbox"/> Service-Disabled VOB |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> HUBZone Business |
| <input type="checkbox"/> Large Business (None of the Above) | <input type="checkbox"/> 8(a) Certified Business |
| <input type="checkbox"/> Alaskan Native Tribal-Owned Business | <input type="checkbox"/> Native American Tribal-Owned Business |



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BID BREAKDOWN BY KEY COMPONENTS:

NON-GARLAND ROOF MATERIALS:

ROOFING LABOR:

NON-ROOFING LABOR:

NON-ROOFING MATERIALS:

PERMITS:

SALES TAX - NON-GARLAND MTLs:

TOTAL SUBCONTRACTOR BID PRICE:

GARLAND MATERIALS BY DBS:

SUBCONTRACTOR QUOTE MUST BE GOOD FOR 90 DAYS. IF SUBCONTRACTOR CAN HOLD PRICING FOR LONGER, PLEASE FILL-IN TOTAL NUMBER OF DAYS:

DAYS

PROPOSALS WILL BE EVALUATED ON A COMBINATION OF THE BASE BID PROPOSAL, RESPONSIVENESS TO THE BID DOCUMENTS, AND MARK-UP FOR UNANTICIPATED CHANGE ORDERS, PLEASE PROVIDE YOUR CHANGE ORDER MARK-UPS BELOW:

OVERHEAD

PROFIT

List All Addendums Included:
If applicable



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CONTRACTOR'S NAME:

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PROJECT DETAILS & MEASUREMENTS:

Current Roof System(s):

Total Roof Square Footage:

of Roof Areas:

Roof Height (# of Stories):

of Roof Drains:

Roof Deck Type:

Square Footage of Flashings:

of Scuppers:

of Roof Penetrations:

Current Roof Slope:

of Roof Levels:

Anticipated Working Days:

Anticipated Start Date:

METAL STRETCH-OUT DETAILS: For Reference Only, Contractor Still Responsible for Material Qt

<i>BREAK METAL DESCRIPTION</i>	<i>LINEAR FEET</i>	<i>WIDTH OF PIECE</i>	<i># OF BENDS</i>	<i>TYPE OF BREAK METAL</i>
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
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LINE ITEM PRICING FOR ANTICIPATED UNFORESEEN SITE CONDITIONS:

<i>LINE ITEM DESCRIPTION</i>	<i>PRICE PER UNIT</i>	<i>UNIT SIZE</i>
Wood Blocking (Nailer) Replacement		
Additional Insulation Replacement		
Decking Replacement		

CERTIFICATION OF BID INFORMATION:

I certify that I have reviewed and stand behind our Cost Proposal and Garland material quantities. I have incorporated the application procedures, project details and specifications, Continuing Service Agreement, and insurance requirements, in their entirety, into our cost proposal. This Cost Proposal includes all costs necessary to complete this project.

Contractor Name:

Responsible Party's Name & Title:

Responsible Party's Signature:

