Attachment 11: Price factor Form

Fire Services Training Center Bates Technical College, Tacoma WA Project No. 2023-166





PRICE FACTOR FORM

To: Department of Enterprise Services Olympia, WA

The undersigned submits the following Price Factor Proposal.

PRICE FACTOR PROPOSAL:

Where indicated in the box below, and only for work to be performed under the Contract Between Owner and Design- Builder – Guaranteed Maximum Price (Guaranteed Maximum Price Contract), Proposer shall provide a percentage amount that includes its home office fixed general and administrative costs (G&A costs) together with any profit to be paid to the Proposer which percentage shall be applied to the direct design and construction costs performed under the Guaranteed Maximum Price Contract.

The Price Factor should include all premiums for contractually required payment and performance bonds, premiums for all insurance contractually required, including Builders Risk insurance, liability insurance, Business & Occupations, excise, income and any other taxes (except sales taxes on progress payments).

Pursuant to and in compliance with the Request for Proposals, the undersigned certifies, having carefully examined the Contract Documents, and conditions affecting the Work, that the following percentage amount shall constitute full compensation for Design-Builder's G&A costs and profit on all direct design and construction costs performed under the Guaranteed Maximum Price Contract.

23-166	Fire	Serv	ices	Trai	ining	Cer	nter
Bates	Tech	nical	Colle	ge,	Taco	ma,	WA

Design-Builder's Fee:	9/

SALES TAX:

The Proposal Amount stated in the final contract shall not include Washington State Sales Tax.

PROJECT DURATION:

The Proposer shall assume a Preliminary Contract Award date of <u>September 05, 2023,</u> and a Substantial Completion date of <u>August 22, 2025,</u> for the Project.

CONTRACT AND BONDS:

If selected based on this solicitation process, the undersigned agrees to execute the contract(s) for the work, and to furnish bonds and evidence of insurance, as required by the Contract Documents.

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PROPOSER INFORMATION FORM:

Proposer's Business Name:										
Type of Business:										
☐ Sole Proprietorship ☐ Partnership ☐ Corporation (State of Inc:) Other										
Physical Business Address (cann	not be a P.O. Box): City:			State:	Z	Zip:				
Business Telephone Number:	Business Fax N	umber:	Business	E-mail Addre	ess:					
State of Washington numbers fo	r the following		I							
Contractor Registration Number:	UBI Number:		Employment Security Dept. Number			y Dept. Number:				
The following RFP Addenda are hereby acknowledged										
NoNoNo	NoNo)N	oN	loN	lo	_No				
REPRESENTATIVE AUTHORIZED TO SIGN FOR PROPOSER:										
"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct."										
Signature:			Date:							
Print Name and Title:	Location or Place Executed (City, State):									