MILESTONE™
CONSTRUCTION COMPANY, LLC

Project: Rogers Facilities Department
Location: 2300 N. Arkansas Street Rogers, AR 72756

Bidder's Company Name:_____

PROJECT NO:	**10549**
BID PACKAGE:	**31B – TERMITE TREATMENT**

This scope of work includes but is not limited to the following specification sections:

Spec Number	Description
	Milestone Construction Bid Manual
Division 00	Procurement and Contracting Requirements (as pertains to this scope of work)
Division 01	General Requirements (as pertains to this scope of work)

This form is to be submitted in its entirety with all boxes checked and all blanks filled.

*Work includes but is **not limited to** the following:*

SUPERVISION

❑ 1. **Full-time, on-site personnel dedicated to supervision** for duration of time that subcontractor is on site. Supervision to include coordination with other trades and layout of all work. Complete paperwork as required including subcontractor daily reports, checklists, etc. Coordinate inspections and deliveries as required per site conditions and job schedule.

WORK INCLUDES

❑ 2. Furnish and install all termite control as required.
❑ 3. Coordination with other trades as required.
❑ 4. Multiple mobilizations as required.

GENERAL REQUIREMENTS

❑ 5. This subcontractor will be responsible for field measurements and layout as required for this Contractor's work. Milestone will provide a benchmark/reference point to begin layout.
❑ 6. Unless otherwise noted, payment for third-party testing is by others. Milestone's Superintendent is to schedule all testing but this Subcontractor will be responsible for coordination with Milestone's Superintendent and the testing company for scheduling time and accommodations as required to allowing the testing to be performed. This Subcontractor will be responsible for payment for re-testing of any testing failed due to the actions of this Subcontractor or this Subcontractor's vendors.

- ❑ 7. Haul off of all spoils as a result of this subcontractor's work as required.
- ❑ 8. All fees, permits, certifications, etc. as required for this scope of work. This will include any applicable sales, use, remodel or other taxes required in the jurisdiction of this project.
- ❑ 9. Refer to Attachment "A" for insurance requirements for this project.
- ❑ 10. Any required submittals, samples, mockups or sample panels, shop drawings, etc. for this scope of work are to be provided within two (2) weeks of receipt of this contract unless noted otherwise.
- ❑ 11. Coordination with other trades.
- ❑ 12. Continuous clean-up of trash and removal of debris into dumpster or trash receptacles.
- ❑ 13. Continuous clean-up of mud, rocks, dirt, etc. from personnel, trucks, and equipment onto roads, sidewalks, and surrounding areas as required.
- ❑ 14. All scaffolding, equipment, lifts, hoisting, material and tools required to complete this scope of work.
- ❑ 15. Protection of your work and work by others.
- ❑ 16. All personal protective equipment as required for this subcontractor's personnel.
- ❑ 17. If a normal work day (Monday thru Friday) is missed due to inclement weather or because this subcontractor's forces (labor) were not on this project as directed by the Milestone's Project Superintendent this subcontractor will, at no additional cost, make-up for the time missed by working the following weekend and/or additional time during the normal work week as directed by the Milestone's Project Superintendent.
- ❑ 18. Closeout documentation including warranties as required.
- ❑ 19. Advertising signage by any subcontractor of Milestone will not be allowed on the project.
- ❑ 20. This Subcontractor will be responsible for compliance with all applicable OSHA and Milestone safety guidelines.
- ❑ 21. Digital Access Requirement: This Subcontractor shall ensure that at least one onsite personnel is equipped with a tablet device capable of accessing project information through Milestone's project management, payment, and estimating software. This individual must be competent in using the device and navigating the software to review project-related information as required.

Company Name: _____ **Phone:** _____

Contact Name: _____ **Email:**_____

Address: _____

_____

_____

Arkansas License #: _____

Bond Rate: _____% (must be filled in with bond percentage or marked N/A if you are unable to bond) Do not include amount in lump sum price.

	LUMP SUM PRICE ($)
1. Base Bid (Bid Package 31B)	_____

ADDENDA

Number _____ Date _____

Number _____ Date _____

Number _____ Date _____

Signature

By: _____

Title: _____

Date: _____