

PROPOSAL NO. 70016-2

MOHAVE CONTRACT: 14Y-RPMA-0317

ZONE: 1A

SUBMITTED TO:

Chreighton School District

Jim McVey 2702 E Flower St

Phoenix, AZ 85016

PH: 602-980-5496

January 26, 2019

JOB SITE:

William T Machan

Phoenix

Scope of Work

		OXX	IDMO TO A K	d.	102 060 05
Arrows, charge per each	6	\$	8.028	\$	48.168
Handicap stencils, charge per each	3	\$	16.056	\$	48.168
4" line, charge per linear foot (new layout)	3466	\$	0.155	\$	537.230
Mobilization Charge	1	\$	77 250	\$	77.250
STRIPING					
Charge per square foot for 2nd Coat (add to 1st cost above)	30859	S	0.055	\$	1,697.245
Charge per square foot for 1st Coat	30859	\$	0.066	\$	2,036.694
Mobilization Charge	1	S	437,750	\$	437.750
ASSEALT SURFACE PREATMENT (DAM RTU MEETING AND "EXCEEDING" HA-5 SPEC'S). Read	v To Lis	10.49	Innufactored		
Charge per Gallon used	125	\$	13.005	S	1,625.625
Mobilization Charge	1	\$	334.750	S	334.750
HOT RUBBER CRACKFILE	1727	-	ne - l'en	-	
Charge per linear foot times thickness in inches (Unit Price based on 1* depth - LF to be adjusted base	250	\$	0.186	\$	46.500
Mobilization Charge	1	\$	30.900	\$	30.900
ASPINAT SANCOTRICE		1000	THE PERSON NAMED IN	1	THE RESERVE THE PERSON NAMED IN
Charge per square foot 3 inch depth (over 10,000 sq ft)	43762	\$	2.210		96,714.020
Mobilization Charge	1	S	334,750	S	334,750
ASPHALT REMOVE/REPLACE	STATE OF	9.1.	AND DESCRIPTION OF THE PERSON		THE RESIDENCE
	Unit	1	Unit Price		Total

SUBTOTAL: \$ 103,969.05 **TAX:** \$ 5,609.13

TOTAL: \$ 109,578.18

BOND: \$ 1,643.67

TOTAL (w/BOND): \$ 111,221.85

ALL APPLICABLE TAX INCLUDED

Adjacent ways portion of this project is 28506SF = \$64,936.67

PROPOSAL NOTES:

- 1. A signed Proposal, Contract or Purchase Order is required prior to commencement of work.
- 2. It is your responsibility to make sure sprinklers and hard water are not sprayed on pavement 24 hours
- 3. before and after application.

Warranty Period: One (1) Year from Date of Completion.

Thank you for the opportunity to bid your project!

Justin Kloszewski

Regional Pavement Maintenance of Arizona, Inc.

justin@regionalaz.com

Cell #: (602) 677-4870

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ACCEPT	ANCE	OF PRO	ነውበፍል፤ ፣

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	litions are satisfactory and hereby accepted. You are authorized to do the will be filed. Payment terms are Net 30 days (please complete Billing
SIGNATURE:	DATE:
PRINT NAME:	TITLE:
OWNER INFORMATION:	
If the 'Owner' contact name & address is the the box below. If not, please provide the co	ne 'same' as "Submitted To:" on the first page of the Proposal, please check prrect 'Owner' information below:
Owner Information is the same as the	"Submitted To:" contact on the first page of the Proposal.
OWNER/COMPANY NAME:	
POINT OF CONTACT:	
BILLING ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
FAX:	
EMAIL:	
*	
BILLING INFORMATION:	
If the 'Billing' contact name & address is the box below. If not, please provide the correct	e 'same' as "Submitted To:" on the first page of the Proposal, please check ct 'Billing' information below for invoicing:
Billing Information is the same as the	"Submitted To:" contact on the first page of the Proposal.
COMPANY NAME:	
POINT OF CONTACT:	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BILLING ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
FAX:	
EMAIL:	

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