

**REQUEST FOR PROPOSAL FOR CONSTRUCTION MANAGEMENT AT RISK SERVICES  
FOR AIS CAPITAL IMPROVEMENT PROJECTS**

**COST FORM**

**GUARANTEED MAXIMUM PROJECT COST PROPOSAL**

PSXXXX: Lakeview Health Center

DESCRIPTION		COST
1. General Conditions		<b><u>\$TBD</u></b>
2. Payment and Performance Bond & Insurance		
	Payment and Performance Bond	\$TBD
	Insurance	\$TBD
	Insurance	\$TBD
		<b><u>\$TBD</u></b>
3. Construction (A+B)		
A. TOTAL Pre-Construction Services <sup>1</sup>		\$TBD
B. Cost of the Work <sup>1</sup> (Cost of Construction + Allowances + CM Contingency + Commission's Contingency)		<b><u>\$TBD</u></b>
	Cost of Construction	\$TBD
	Site Work Allowance	\$TBD
	Environmental Allowance	\$TBD
	CM's Contingency	\$TBD
	Commission's Contingency	\$TBD
	TOTAL Cost of Work (B)	\$TBD
4. Construction Manager's Fee (percentage of the total value of line 3) <span style="background-color: #e0f2f1; padding: 2px 10px;"> </span> %		<b><u>\$TBD</u></b>
5. The Guaranteed Maximum Project Cost Proposal will be the values of Lines 1 + 2 + 3 + 4		<b><u>\$TBD</u></b>

<sup>1</sup> Indicates values to be included in the MBE/WBE calculation (Line 3 – Construction)

<sup>2</sup> Unused portions of all funds will be returned to the Project's budget and ultimately, the City of Chicago (AIS)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_