

**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		<u>\$TBD</u>
2. Payment and Performance Bond & Insurance		
	Payment and Performance Bond	\$TBD
	Insurance	\$TBD
	Insurance	\$TBD
		<u>\$TBD</u>
3. Construction (A+B)		
A. TOTAL Pre-Construction Services ¹		\$TBD
B. Cost of the Work ¹ (Cost of Construction + Allowances + CM Contingency + Commission's Contingency)		<u>\$TBD</u>
	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) <input type="text" value=""/> %		<u>\$TBD</u>
5. The Guaranteed Maximum Project Cost Proposal will be the values of Lines 1 + 2 + 3 + 4		<u>\$TBD</u>

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

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

Signature: _____

Date: _____