

CONTRACT NUMBER: DCAM-19-NC-RFP-0005
PO NUMBER: POXXXXX
LOCATION: Facility Name and Address

<u>CLIN</u>	<u>BASIC SERVICE DESCRIPTION</u>	<u>MONTHLY RATE</u>
0001AA	Electrical Services	\$ -
0001AB	Mechanical Services	\$ -
0001AC	Plumbing Services	\$ -
0001AD	Elevator and Lifts Services	\$ -
0001AE	Energy Management Control System Services	\$ -
0001AF	Fire Protection Systems	\$ -
0001AG	Architectural and Structural Maintenance & Repair Services	\$ -
0001AH	Operations, Maintenance, Repair and Improvement Services	\$ -
0001AI	Snow and Ice Removal Services	\$ -
0001AK	Landscaping Services	\$ -
0001AL	Utility Companies Services	\$ -
0001AN	Pest Control Services	\$ -
0001AO	Locksmith Services	\$ -
0001AP	Service Call Operations and Tenant Environment	\$ -
0001AQ	Special Services	\$ -
GRAND TOTAL		\$ -

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<u>CLIN</u>	<u>REIMBURSABLE SERVICE DESCRIPTION</u>	<u>UNIT</u>	<u>HRLY RATE</u>	<u>TOTAL HOURS</u>	<u>EXTENDED COST</u>
0004	Electrician		\$ -		\$ -

GRAND TOTAL \$ -

<u>PARTS DESCRIPTION</u>	<u>VENDOR COST</u>	<u>MARK-UP RATE</u> (No more than 10%)	<u>DISTRICT COST</u>	<u>QTY</u>	<u>EXTENDED COST</u>
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Itemized list and description of Parts used to complete supplemental service repair services \$ - % \$ - \$ -

GRAND TOTAL \$ -