

**EXHIBIT A
QUOTE FORM**

**WEST END NEIGHORHOOD DEMOLITION PROJECT
Asbestos Inspection and Air Monitoring (CDBG #4-CE-20-007).**

For the City of Georgetown, SC

Date: _____

TO: City of Georgetown, SC

QUALIFICATIONS:

All personnel shall be licensed and certified according to SCDHEC guidelines.

THE ASBESTOS ASSESSMENT, LABORATORY ANALYSIS, PROJECT DESIGN AND AIR MONITORING WILL BE THE ONLY COSTS USED TO DETERMINE THE LOW BIDDER AND WILL BE THE BASIS OF THE INITIAL CONTRACT. IF ADDITIONAL SERVICES ARE REQUIRED, THEY WILL BE ADDED TO THE CONTRACT VIA CHANGE ORDER.

ASBESTOS ASSESSMENT

(Unit price for all materials, tools, sample shipment, equipment, labor, and professional services necessary to complete the asbestos inspections, EXCLUDES laboratory analysis)

Total cost per unit (parcel) for Asbestos Assessment and Report \$ _____

LABORATORY ANALYSIS

Total cost for PLM sample analysis per house
(Up to 30 samples inclusive of all layers)

\$ _____

Total cost for TEM Bulk analysis per house (up to 10 layers analyzed)

\$ _____

LABORATORY ANALYSIS TOTAL PER HOUSE

\$ _____

PROJECT DESIGN

Total cost **per house** for detailed Project Design (if required by SCDHEC Regulation #61 – 86.1) including labor and all associated Travel expenses and costs

\$ _____

Total cost **per house** for Detailed Project Design, including labor and all associated travel expenses and costs for **inaccessible structure that is “assumed” to contain ACM’s or planned demolition with “in-place asbestos”**

\$ _____

ASBESTOS AIR MONITORING

Daily rate for air monitoring according to SCDHEC regulations, including clearance testing and report and all travel expenses. \$ _____

TOTAL COST PER HOUSE FOR ASSESSMENT, LABORATORY ANALYSIS, PROJECT DESIGN & AIR MONITORING \$ _____

Additional services (if required based on Asbestos Testing):

Cost per sample (all layers) for PLM analysis \$ _____

Cost per layer for TEM Bulk analysis \$ _____

Total cost for TEM Air Clearance sampling per house (Required number of samples with 24-hour turn-around time) \$ _____

Duration of time needed for the site visit(s), testing, and issuing report. _____

Availability date to perform actual testing and submission of report. _____

Bid Submitted by:

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Telephone: (____) _____ FAX: (____) _____ Email: _____

Name of person submitting this Quotation: _____

Signature of person submitting this Quotation: _____

Telephone number of person submitting this Quotation: (____) _____

Email address of person submitting this Quotation: _____

**Attach licenses/certification (documentation) for staff that will complete the work.
Attach a list of similar projects.**