

Attachment D - Bid Summary Sheet

Prices bid shall contain all surcharges, tipping fees, environmental fees, etc. UOSA will only accept and pay one fixed price per container. No additional fees submitted with the invoice will be accepted. Any such fees submitted with the invoice will be subtracted from the total amount shown on the invoice. Any and all additional fees not submitted with this bid submission must be requested in writing to the UOSA Purchasing Department and authorized before being applied to any invoice. In the event of discrepancies between unit prices and calculated totals the unit pricing shall prevail.

Item	Description of goods/services:	Quantity To Pick up (Est.)	Unit Price per collection	Yearly Total	Monthly Invoice Amount (Yearly Total/12)	Increase/Decrease in cost per container for alternate site
1.	Two (2) cubic yard containers (Grit and Screenings at an average weight of 1504 lbs. per container)	858 / year	\$	\$	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
2.	Four (4) cubic yard containers (Screenings at an average weight 1880 lbs. per container)	910 / year	\$	\$	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
3.	Four (4) cubic yard container (MSW – office trash)	156 / year	\$	\$	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
4.	Eight (8) cubic yard container (MSW – office trash)	312 / year	\$	\$	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
5.	Eight (8) cubic yard container (SSR)	104 / year	\$	\$	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
6.	Fixed Monthly Invoice Amount (lines 1-5)				\$	
PERMANENT ON-SITE ROLL-OFF CONTAINER (on-call pickup)						
7.	30 Cubic Yard Roll-Off - General Debris Including 4 tons weight	12 / year est.	\$	\$	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
8.	30 Cubic Yard Roll-Off - Wood Including 4 tons weight	12 / year est.	\$	\$	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
9.	20 Cubic Yard Roll-Off (Metal) Including 4 tons weight	12 / year est.	\$	\$	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
10.	Estimated Yearly Total (lines 1-5, 7-9)*			\$		

***contract award to be based on line 10 yearly total above**

TEMPORARY ON-CALL ROLL-OFF CONTAINERS - (as needed)				
11.	On-call Roll-Off - General Debris/Construction Materials (including up to 4 tons weight)	10 CY	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
		20 CY	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
		30 CY	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
12.	On-call Roll-Off w/ liner - Non-Hazardous Water Treatment Material (e.g. ERP Dredgings, Spent Activated Carbon, SulfaTreat) (including up to 4 tons weight)	10 CY	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
		20 CY	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
		30 CY	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
13.	On-call Roll-Off – Fill Dirt/Mixed Brush (including up to 4 tons weight)	10 CY	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
		20 CY	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$
		30 CY	\$	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease \$

Indicate charge for container weights in excess of 4 tons: \$_____ per ton.

Monthly charge for Flat Branch Pump Station Service (8CY MSW collected once per week) See section 2.4 \$ _____

Performance Bond Cost (See Section 2.6) equaling 50% of annual contract price: \$ _____

Indicate whether any processing fees will apply to credit card payments: yes no. If yes indicate fee: _____

In compliance with this Invitation for Bids and to all the terms, conditions, and specifications imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the goods and/or services described herein.

Company Name: _____ Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____ Phone Number: _____

This form must be included with your submission.

End of Attachment D