

REVISED
ATTACHMENT G
PRICING FORM
IFB No. 20-R074221SR

GROUP "A" - UPS & BATTERY PM

Note: PM includes static transfer switches and power distribution units

GROUP "A"	Locations	Maintenance	Maintenance	Maintenance	Maintenance	=	ANNUAL MAINTENANCE COST (Total of all 4 Quarters)	
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter			
		January	March	July	October			
PROPERTY MANAGEMENT DEPARTMENT LOCATIONS								
1	County Administration Bldg					=		
2	Desoto Center (MSO)					=		
3	Central Records Building (GTE)					=		
4	Detention Facility (MSO Jail)					=		
5	Public Safety - EOC					=		
6	Judicial Center (UPS Room)					=		
7	Judicial Center (Command Center)					=		
8	East Bradenton Radio Tower	_____	_____	_____	_____	=	_____	
9	CR 675 Lorraine Radio Tower	_____	_____	_____	_____	=	_____	
8	CIPD - Child Protective Investigation Division					=	\$	
UTILITIES DEPARTMENT LOCATIONS								
9	Southeast Water Reclamation Facility					=		
10	Central Laboratory					=		
11	Water Treatment Plant Facility					=		
TOTAL GROUP A - (sum of annual maintenance cost items, 1 through 11)								\$

GROUP "B"

**BATTERY STRING REPLACEMENTS
(FIRST YEAR)**

PROPERTY MANAGEMENT (locations 1 through 8)
REPLACE ALL - OCTOBER 2020 through MARCH 2021

REPLACEMENT COSTS FOR EACH PROPERTY MANAGEMENT LOCATION WITHIN THE FIRST YEAR

GROUP "B"	Locations	Quantity/ Batteries	Unit Cost	=	One Time Battery Replacement Cost (First Year)
1	County Administration Bldg	80		=	\$
2	Desoto Center (MSO)	60		=	\$
3	Central Records Building (GTE)	48		=	\$
4	Detention Facility (MSO Jail)	17		=	\$
5	Public Safety - EOC	320		=	\$
6	Judicial Center (UPS Room)	80		=	\$
7	Judicial Center (Command Center)	160		=	\$
8	East Bradenton Radio Tower	80	_____	=	_____
9	CR 675 Lorraine Radio Tower	30	_____	=	_____
8	CIPD - Child Protective Investigation Division	30		=	\$
UTILITIES (locations 9 through 11) REPLACE "AS NEEDED" ONLY					
NOTE: pricing firm for first year only					
9	Southeast Water Reclamation Facility	48		=	\$
10	Central Laboratory	40		=	\$
11	Water Treatment Plant Facility; Toshiba Xtreme	96		=	\$
	Water Treatment Plant Facility; Emerg. Lite	10		=	\$
	Water Treatment Plant Facility; Eaton	30		=	\$
	Water Treatment Plant Facility; Gamatronics	96		=	\$
TOTAL GROUP B - (sum of onetime battery replacement cost, 1 through 11)					\$

REVISED
ATTACHMENT G
PRICING FORM
IFB No. 20-R074221SR

GROUP "C"
CAPACITOR REPLACEMENTS

REPLACEMENT "AS REQUIRED"

GROUP "C"	Locations	All Capacitors of the Power Train Capacitor Bank of each UPS system may need to be replaced once during the initial contract period. The Power Train Capacitor Bank shall include the Input AC filter bank, DC Buss bank, and Output AC filter bank for each UPS system. Calculate labor in pricing.	=	One Time Power Train Capacitor Bank Replacement Cost
PROPERTY MANAGEMENT DEPARTMENT LOCATIONS				
1	County Administration Building	1. Input AC filter bank 2. DC Buss bank 3. Output AC filter bank	=	
2	Desoto Center (MSO)	1. Input AC filter bank 2. DC Buss bank 3. Output AC filter bank	=	
3	Central Records Building (GTE)	1. Input AC filter bank 2. DC Buss bank 3. Output AC filter bank	=	
4	Detention Facility (MSO, Jail)	1. Input AC filter bank 2. DC Buss bank 3. Output AC filter bank	=	
5	Judicial Center (UPS Room)	1. Input AC filter bank 2. DC Buss bank 3. Output AC filter bank	=	
6	Public Safety (EOC)	1. Input AC filter bank 2. DC Buss bank 3. Output AC filter bank	=	
UTILITIES DEPARTMENT LOCATIONS				
7	Central Laboratory	1. Input AC filter bank 2. DC Buss bank 3. Output AC filter bank	=	
TOTAL GROUP C - FOR AWARD PURPOSES (sum of one time power train capacitor bank replacement cost, 1 through 7)				\$

GROUP "D"
LABOR RATE
"AS REQUIRED"

GROUP "D"	Description	Estimated Annual Quantity	Unit of Measure	Unit Rate	Extended Cost
1	Initial Call Out Charge for Repairs, per event, (on site time only, no travel charges allowed)	5	Each		
2	Regular Hour - Labor Rate for repairs as directed (M-F, 8-5); (on site time only, no travel charges allowed)	25	Hour		
3	Overtime Hour - Labor Rate for Repairs (hours other than M-F, 8-5); including weekends and holidays; (on site time only, no travel charges allowable)	10	Hour		
4	Emergency Services, Call Out Charge (on-site time only, no travel charges allowed)	10	Hour		
TOTAL GROUP D - (sum of extended cost, 1 through 4)					\$

GROUP "E"
MATERIAL COST/REPAIR PARTS
"AS REQUIRED"

GROUP "E"	Description	Markup OR Discount	Estimated Parts Amount	Extended Cost
1	Contractor Cost plus % markup from price list; (original parts invoice must be provided with invoice for verification)	____%	Markup	\$2,500.00 = \$
OR				
2	Percentage discount from published price list; (original parts invoice must be provided with invoice for verification)	____%	Discount	\$2,500.00 = \$

Note: If parts used are not on published list price sheet, proof of your cost will be required with invoice.

TOTAL AMOUNT FOR AWARD PURPOSES ONLY - GROUPS A THROUGH D ONLY

\$