Exhibit C-1

PROPOSAL SUMMARY

Sun Life Family Health Center, Casa Grande, Arizona

The following estimates and percentages are a summary of the contents of the attached Proposal prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the Sun Life Family Health Center, Casa Grande, Arizona.

|  |  |
| --- | --- |
|  |  |
| Base Fee as Percent of Cost of the Work: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
|  |  |
| Cost Estimate for Preconstruction Services:(paid out if Project does not break ground, otherwise inclusive of fee)  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Estimated General Conditions: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Overall Schedule Duration (Months) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Fee on Changes Orders to GMP: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
|  |  |
| Fee on Self-Performed Work: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
|  |  |
| Scope(s) of Work Typically Self-Performed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CM/GC’s Proposed Contingency Percentage in final GMP: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
|  |  |
| **Project Staff Base Hourly Rates (w/ Burden):** |  |
| Senior Project Manager | $\_\_\_\_\_\_\_\_\_\_\_\_/Hour $\_\_\_\_\_\_\_\_\_\_\_/Month |
| Project Manager | $\_\_\_\_\_\_\_\_\_\_\_\_/Hour $\_\_\_\_\_\_\_\_\_\_\_/Month |
| Asst. Project Manager / Project Engineer | $\_\_\_\_\_\_\_\_\_\_\_\_/Hour $\_\_\_\_\_\_\_\_\_\_\_/Month |
| Superintendent | $\_\_\_\_\_\_\_\_\_\_\_\_/Hour $\_\_\_\_\_\_\_\_\_\_\_/Month |
| Asst. Superintendent | $\_\_\_\_\_\_\_\_\_\_\_\_/Hour $\_\_\_\_\_\_\_\_\_\_\_/Month |
| Project Coordinator/Secretary | $\_\_\_\_\_\_\_\_\_\_\_\_/Hour $\_\_\_\_\_\_\_\_\_\_\_/Month |
| Carpenters | $\_\_\_\_\_\_\_\_\_\_\_\_/Hour $\_\_\_\_\_\_\_\_\_\_\_/Month |
| Laborers | $\_\_\_\_\_\_\_\_\_\_\_\_/Hour $\_\_\_\_\_\_\_\_\_\_\_/Month |
|  |  |