

Capital Construction Grant Contingency Request Form

	Capital Constitu			TICY IXC	questioni							
	Requesting District											
District Name:			County:									
2. Contact Name:		Contact Phone:	1	Ext:	Fax:							
Contact e-mail:		Date of Request:										
3. Project Title:		· · · · · · · · · · · · · · · · · · ·										
,		Reason for R	equest (atta	ach addition	al documentation as necessary)							
Note: A qualifying	grant contingency issue is one	that could not have b	een known abou	t or planned f	for at the time the grant was applied fo	r.						
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Brookdown of Contingency Dollars Beguested													
	Breakdown of Contingency Dollars Requested												
District Name:													
3. Project Title:													
-Provide supporting documentation for the figures inserted below. Forms will not be accepted without supporting documentation on NOT lump all costs into one category. Fill in all applicable categories for every vendor involved with the contingency. -If competitive bidding for the contingency request has occurred you do NOT need to fill out the remaining sheet. Please attach													
							ining sheet. Please	attach					
the bid documents from the v													
	В	reakout	t of Cos	sts Ass	ociated with Ea	ach Vendor							
Contractor or Subcontractor 1 Name: Total Cost Requested:													
List job title of person(s) involved:		Total Hours:	Rate:	Labor Cost:	List materials required: (Provide back-up for quantities and unit cost)			Material Cost:					
	I C	tal Bare Lat		Rental	Total Materials Costs:			GC					
List Rental Item(s):		Days Rented:	Daily Rate:	Cost:	List general conditions involved in cost:		ed in cost:	Cost:					
Total Rental Costs:					Total General Conditions Cos		eral Conditions Costs:						
Total Labor Burden Cost (Benefit	SUTA, FUTA	I, W/C Etc):		Overhead Percent:		Overhead Cost:							
Total Labor Burden Percent (Benefits, FICA, SUTA, FUTA, W/C Etc):					Profit Percent:		Profit Cost:						
Total cost of labor, labor burde	erials, rental	s and GC:		Bond Percent:		Bond Cost:							
Contractor or Subcontractor 2	Name	:			Total Cost Requested:								
List job title of person(s) involved:		Total Hours:	Rate:	Labor Cost:	List materials required: (Provide back-up for quantities and unit cost)			Material Cost:					
Total Bare Labor Costs:				Dontol	Total Materials Costs:			00					
List Rental Item(s):		Days Rented:	Daily Rate:	Rental Cost:	List general conditions involved in cost:			GC Cost:					
Total Renta					Total General Conditions Costs								
Total Labor Burden Cost (Benefits, FICA, SUTA, FUTA, W/C Etc.):					Overhead Percent:		Overhead Cost:						
Total Labor Burden Percent (Benefits, FICA, SUTA, FUTA, W/C Etc): Total cost of labor, labor burden, materials, rentals and GC:					Profit Percent:		Profit Cost:						
			s and GC:		Bond Percent:	T. 4 1 G	Bond Cost:						
Contractor or Subcontractor 3	Name	Total		Labor		lotal Cos ist materials required	st Requested:	Material					
List job title of person(s) involved:		Hours:	Rate:	Cost:	(Provide back-up for quantities and unit cost)			Cost:					
Total Bare Labor Costs:					Total Materials Costs:								
List Rental Item(s):		Days Rented:	Daily Rate:	Rental Cost:	List general conditions involved in cost:			GC Cost:					
Total Rental Costs:						Total Gen	eral Conditions Costs:						
Total Labor Burden Cost (Benefits, FICA, SUTA, FUTA, W/C Etc): Total Labor Burden Percent (Benefits, FICA, SUTA, FUTA, W/C Etc):					Overhead Percent:		Overhead Cost:						
•				Profit Percent:		Profit Cost:							
Total cost of labor, labor burden, materials, r			s and GC:		Bond Percent:		Bond Cost:						

Total Grant Contingency Request:

Please email or fax completed forms to:

Scott Newell - Division of Capital Construction Assistance 201 East Colfax Ave., Denver CO 80203, Fax: 303-866-6888 Email: newell_s@cde.state.co.us