



Sletten Construction Company, Inc.  
1000 25th Street North  
Great Falls, MT 59405  
Phone: 406-761-7920  
Fax: 406-453-0928  
www.slettencompanies.com

Project Name:

Today's Date:

Project Number

Your Name:

Sletten Division

Project Manager:

Superintendent:

Date Awarded:

Original Contract Price:

Original Proffit:

Second Bidder Amount:

Contractual Completion Date:

Type of Work:

To Be Preformed By:

Location City:

Location County:

Location State (abbrev)

Procurement Method:

Contract Pricing Basis:

Will owner contract be available in Expedition?  Yes  No

\*If not in Expedition, you must forward a copy to Accounting.

Contract Delivery Method:

If Other, Explain:

% of Work Subcontracted:

Subject to 1% Gross Rec. Tax?  Yes  No

Any Sales Tax Exemptions?  Yes  No

If Yes or Maybe, please explain:

Method of Preparing Owner Pay Application:

If not Expedition, will copy be stored in Expedition?

Yes  No

If not stored in Expedition, please forward copies of pay app with schedule of values to Bob Nommensen.

Estimated Date of 1st Pay App.:

Number of days in Contract between monthly billing and owner payment.

Owner Name:

Owner Reps Name:

Owner Mailing Address:

Owner City:

Owner State: (abbr)

Owner Zip Code:

Owner Rep Email Address:

Owner A/R Contact Name:

A/R Phone Number:

Arch. / Eng. Firm Name:

Arch. / Eng. Representative:

Arch. / Eng. Address:

Arch. / Eng. City:

Arch. / Eng. State: (abbr)

Arch. / Eng. Zip:

Arch. / Eng. Phone Number:

Arch. / Eng. Rep. Email Address:

Will we be providing a bond?  Yes  No

Who will provide Builder Risk Insurance?

If Owner-Provided, request a copy of Owner Policy and forward to HUB

Is Project covered by Wrap-up?  Yes  No

Do Specs require Prevailed/Davis-Bacon Wages?  Yes  No

Will We be sigantory to union "project agreement"?  Yes  No

Have unions conceded on rates?  Yes  No

Are certified payroll reports required by owner?  Yes  No

If "Yes" is specific form required?  Yes  No

Is Owner requiring use of web site entry of payroll data?  Yes  No

If Owner is NOT requiring Cert. Payroll,  
will we still require from Subs?  Yes  No

Will "Wage Sheets" be required from Joann?  Yes  No

JOB BUDGET: Submit in MS Excel spreadsheet format to [bscott@sletteninc.com](mailto:bscott@sletteninc.com)  
Contact Bo if you have any questions about budget submission or need sample Excel forms.

SUBCONTRACTOR BONDING REPORT: Submit in MS Excel spreadsheet format to [mbecker@sletteninc.com](mailto:mbecker@sletteninc.com) , [dwayment@sletteninc.com](mailto:dwayment@sletteninc.com)  
Contact Marty or Dallin if you have questions about report or need sample form.

Complete SYMONS/EFCO FORM RENTAL sheet & return to [bscott@sletteninc.com](mailto:bscott@sletteninc.com)

Even if Company-Owned forms will not be used, mark both Symons & EFCO sections and return with this packet.

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If Sletten - Coverage Start Date:

If "Yes", What Coverages:

If "Yes" please forward Spec. Sch. to [jsouth@sletteninc.com](mailto:jsouth@sletteninc.com)

If outside NV or MT, forward to [jsouth@sletteninc.com](mailto:jsouth@sletteninc.com)

If so, forward rates to [jsouth@sletteninc.com](mailto:jsouth@sletteninc.com)

If "Yes" at what interval?

Forward to [jsouth@sletteninc.com](mailto:jsouth@sletteninc.com)

If "Yes" forward details to [nneuman@sletteninc.com](mailto:nneuman@sletteninc.com)

Estimated date of first payroll on proj.

If so, which trades will we employ on proj. ?

# COMPANY-OWNED FORMS RENTAL CHARGE

PLEASE COMPLETE FOR ALL PROJECTS, REGARDLESS OF WHETHER COMPANY FORMS WILL BE USED.

JOB #:

JOB NAME:

DO YOU ANTICIPATE USING THE FOLLOWING SLETTEN-OWNED FORMS ON THIS PROJECT?

EFCO

SYMONS

IF THE ANSWER WAS YES TO EITHER, CONTINUE:

## EFCO FORMS:

ESTIMATED NUMBER OF SQUARE FEET OF CONCRETE SURFACE TO BE FORMED:

(INCLUDING BOTH SIDES ON WALLS) **RATE IS BASED ON CONCRETE SURFACE SQ.FT.. NOT SQ. FT. OF FORMS USED.**

RENTAL CHARGE (AT **30 CENTS PER SQ FT**):

JOB COST CODING: JOB  PHASE

**SYMONS FORMS:**

ESTIMATED NUMBER OF SQUARE FEET OF CONCRETE SURFACE TO BE FORMED:

(INCLUDING BOTH SIDES ON WALLS) **RATE IS BASED ON CONCRETE SURFACE SQ.FT.. NOT SQ. FT. OF FORMS USED.**

RENTAL CHARGE (AT **22 CENTS PER SQ FT**):

JOB COST CODING: JOB  PHASE