



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 Sletten - Coverage Start Date:

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

Is Project covered by Wrap-up? Yes No

If "Yes", What Coverages:

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

If "Yes" please forward Spec. Sch. to jsouth@sletteninc.com

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

If outside NV or MT, forward to jsouth@sletteninc.com

Have unions conceded on rates? Yes No

If so, forward rates to jsouth@sletteninc.com

Are certified payroll reports required by owner? Yes No

If "Yes" at what interval?

If "Yes" is specific form required? Yes No

Forward to jsouth@sletteninc.com

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

If "Yes" forward details to nneuman@sletteninc.com

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

Estimated date of first payroll on proj.

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

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

JOB BUDGET: Submit in MS Excel spreadsheet format to 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 , 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

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

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