

OSE Budget Worksheet

Office of the State Engineer
523 E. Capitol
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Date:	1/30/2012	Phase:	Funding:
Project Name:	CHP Boilers 9 & 10 South Dakota State University	<input type="checkbox"/> OSE Pre - Planning <input type="checkbox"/> Study <input type="checkbox"/> Programming <input type="checkbox"/> Schematic Estimate	
Project A/E:	Stanley Consultants	<input type="checkbox"/> Design Dev. Estimate	
Estimate By:	BarryMielke	<input type="checkbox"/> Construction Estimate	
		<input checked="" type="checkbox"/> Bid	

	TOTAL:
Victory	\$1,931,480.00
MWM Base bid and Alt 2-7	\$2,688,400.00
Construction Cost:	<u>\$4,619,880.00</u>

Const. Contingency %:	Aprox. 6.5%	\$302,186.40
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Furnishings:		
From Schedule #2:	\$0.00	\$0.00
Fixed Cost:		\$0.00
% of Cost:		\$0.00

Speciality Contract:		
Comissioning (Fixed):	\$41,800.00	\$41,800.00
Commissioning (%):	0.00%	\$0.00
(Relocation):		\$0.00
(%):		\$0.00
(Fixed): Survey		\$0.00
(%):		\$0.00
(Fixed): Swiftel		\$0.00
(%):		\$0.00

Voice / LAN Cabling:		\$0.00
Abatement:	\$37,000.00	\$37,000.00

A/E Fees:	Fixed:	\$466,095.00	\$466,095.00
	%:	0.00%	\$0.00

Consultant (fixed):		\$0.00
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Testing:		
Stack Testing:	\$10,000.00	\$10,000.00
Construction:	\$15,000.00	\$15,000.00
Weld Test (Own exp.):	\$6,000.00	\$6,000.00

Legal / Descriptive:		\$0.00
Topographic:		\$0.00
Easement:		\$0.00

OSE Fee (%):	1.00%	\$46,198.80
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Resident Proj. Rep (%):	6.00%	\$277,192.80
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Misc. Bldg. (Sched.# 3):	\$3,000.00	\$3,000.00
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PROJECT COST TOTAL = \$5,824,353.00

Work Request = \$5,824,353.00

Unobligated Balance vs. Work Request = \$0.00

Phase:	Funding:
OSE Pre - Planning	
Study	
Programming	
Schematic Estimate	
Design Dev. Estimate	
Construction Estimate	
Bid	

	Routing	
	-	
	-	
	-	
	-	
	-	
	-	
	-	
	-	
	-	
	-	
<input checked="" type="checkbox"/> File		

1 Amount available for additional alternates:

#1
#2
#3
#4

TOTAL: \$0.00

2 Furnishings, fixtures, and equipment:

#1
#2
#3
#4

TOTAL: \$0.00

3 Miscellaneous Construction (N.I.C.)

#1	Facilities Shops Misc	\$3,000.00
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#2
#3
#4

TOTAL: \$3,000.00

☐ Contact I/S

☐ N/A

Who: _____ Date: _____

Funding Confirmation with Facility:

Whom:

Date: _____
