

## **INSTRUCTIONS**

This form is to be used for the purposes of generating and submitting the cost estimate required for eligible Facility Hardship or Seismic Mitigation projects pursuant to SFP Regulation Section 1859.82.1(b)(2)(C), 1859.82.1(c)(3)(C), and 1859.82.2(c)(3)(D).

Refer to the most current published edition of the Current Construction Remodeling Costs publication by Sierra West Publishing for data needed to complete this form. Throughout these instructions, all references to "Sierra West" indicate this publication.

All lines in Part I must be broken out to individual items or materials. Do not enter line item requests in a lump sum format. Line item requests in lump sum format may not be eligible for funding.

## **PART I**

For each line item request, complete the following:

1. **CSI #** - Enter the Construction Specifications Institute number (CSI #) corresponding to the item or material included in the project as it appears in Sierra West.
2. **Description** - Enter the description corresponding to the item or material as it appears in Sierra West.
3. **Quantity** - Enter the numeric quantity of the item or material used as indicated in the project plans approved by the Division of the State Architect (DSA). For projects that do not require DSA plan approval, enter the quantity as indicated in the supporting documentation submitted with the application.
4. **Unit** - Enter the unit of measure for the specified material or item as it appears in Sierra West.
5. **Cost/Unit** - Enter the total unit cost, or cost per unit, as it is listed in the F3 column in Sierra West. Do not add installation cost as this has been included in the total unit cost amount.
6. **District's Request** - Enter the product of the Quantity and Cost/Unit column.
7. **Comments** - The district may optionally indicate any relevant plan page numbers or reference information to assist the plan reviewer in the comments column

**PART II**

For the purposes of Part II of this form, refer to the table below to determine the applicable construction classification to use when referencing the most current published edition of the Current Construction Remodeling Costs publication by Sierra West Publishing.

OPSC Project Type	Sierra West Construction Classification
Facility Hardship rehabilitation for Fire and/or Water Damage	"Repair of Fire Damage"
Facility Hardship rehabilitation of historical structures	"Unique Structures"
All other Facility Hardship rehabilitation projects	"Alterations and Additions"
Seismic Mitigation rehabilitation	"Alterations and Additions"

8. **General Conditions-** Using the OPSC Allowance Subtotal from Part I and the applicable OPSC project type, enter the percentage as indicated in the General Conditions table in Sierra West (CSI# 01.100 000).
9. **General Requirements-** Using the OPSC Allowance Subtotal from Part I and the applicable OPSC project type, enter the percentage as indicated in the General Requirements table in Sierra West (CSI# 01.2000 000).
10. **Bonds-** Using the OPSC Allowance Subtotal from Part I, enter the applicable percentage as indicated in the "Bonds" section in Sierra West (CSI# 01.2000 000).
11. **Overhead & Profit-** Using the OPSC Allowance Subtotal from Part I, enter the applicable percentage as indicated in the "Institutional Structure" column in Sierra West (CSI# 01.2000 000).
12. **DSA Inspection Fee-** For projects that require DSA plan approval, enter 1%. For projects that do not require DSA plan approval, enter 0%.
13. **Escalation-** If the project has not been completed at the time of approval from the State Allocation Board, use the OPSC allowance total from Part I to enter the applicable percentage as indicated in "Escalation" section of Sierra West (CSI# 01.3000 000). If the project will be completed by the time the construction phase is approved by the State Allocation Board, enter 0%.
14. **Industry Specialist's Report Costs-** For rehabilitation projects enter the greater of \$10,000 or 1% of the OPSC Allowance Subtotal. For replacement projects, enter 0%.
15. **Construction Testing Allowance-** For rehabilitation projects that require specialized testing and inspection of materials during construction, enter 1%. The District must submit written verification of the specialized testing required for the scope of work. For all other projects, enter 0%.
16. **Design Cost Allowance-** Based on the Construction Subtotal, use the Design Cost Allowance chart on at the bottom of the form to calculate the applicable Design Cost Allowance and enter the resulting amount here.
17. **CDE Plan Fee-** Enter the California Department of Education (CDE) plan review fee as published on CDE's website: <https://www.cde.ca.gov/ls/fa/sf/forms.asp>
18. **DSA Plan Fee-** Use the Construction Subtotal in Part II to calculate this amount using the calculator found on DSA's website: <https://www.apps2.dgs.ca.gov/dsa/tracker/FeeCalculator.aspx> . Enter the resulting fee in this section.



School District:	Application Number:
School Name:	DSA Number:
County:	

**PART II**

**General Requirements (CSI # 01.0000 000)**

8. General Conditions (Field Office Overhead) (enter %)	
9. General Requirements (Home Office) (enter %)	
10. Bonds (enter %)	
11. Overhead & Profit	

Based on OPSC's Allowance Subtotal and upon CSI# 01.1000 000 Project Type in Sierra West.  
 • Facility Hardship Rehabilitation (Fire and/or Water Damage) – "Repair of Fire Damage"  
 • Facility Hardship Rehabilitation (historical structures) – "Unique Structures"  
 • Facility Hardship Rehabilitation (all others) – "Alterations & Additions"  
 • Seismic Mitigation Program Rehabilitation – "Alterations & Additions"

Based on OPSC's Allowance Subtotal and upon CSI# 01.2000 000 Project Type in Sierra West.

Based on OPSC's Allowance Subtotal and based upon CSI# 01.2000 000 Project Type in Sierra West.

Based on OPSC's Allowance Subtotal and upon CSI# 01.2000 000, "Institutional Structure" in Sierra West.

12. DSA Inspection Fee (allowed at 1.00%):	
13. Escalation (enter % for current year):	
14. Industry Specialist's Report Costs: (\$10,000 or 1% of OPSC's Allowance)	
15. Construction Testing Allowance:	
16. Design Cost Allowance:	
17. CDE Plan Fee:	
18. DSA Plan Fee (enter \$ amount):	

Always 1.00%, based on Construction Subtotal. Only allowed if project required DSA approval.

This is based on Construction Subtotal, Allowed if the project has not been completed at the time of SAB approval. Allow one year escalation, based upon CSI# 01.3000 000, "Institutional Structure" in Sierra West.

Based on OPSC's Allowance Subtotal, enter the greater of \$10,000 or 1% of OPSC's Allowance.

Always 1.00%, based on Construction Subtotal. Only allowed for rehabilitation projects if specialized testing of construction materials is required  
 Based on Construction Subtotal, using the Design Cost Allowance chart below.

Based on the published fee found on CDE's website.

<https://www.cde.ca.gov/ls/fa/sf/forms.asp>

Based on Construction Subtotal, use the calculator found on the DSA's website.

<https://www.apps2.dgs.ca.gov/dsa/tracker/FeeCalculator.aspx>

OPSC Approved Total Project Cost: \_\_\_\_\_

**Design Cost Allowance**

Construction Subtotal (from above): \$ \_\_\_\_\_

	Multiplier	
first \$500,000	12.00%	\$
next \$500,000	11.50%	\$
next \$1 million	11.00%	\$
next \$4 million	10.00%	\$
next \$4 million	9.00%	\$
Beyond	8.00%	\$

Design Cost Allowance: \$ \_\_\_\_\_

School District:	Application Number:
School Name:	DSA Number:
County:	

I certify, as the District Representative, that the information reported on this form is true and correct and that:

- I am designated as an authorized district representative by the governing board of the district; and,
- under penalty of perjury, under the laws of the State of California, the foregoing statements are true and correct to the best of my knowledge and belief, and that the Public Contract Code was adhered to in the construction of this project; and,
- this form is an exact duplicate (verbatim) of the form provided by Office of Public School Construction. No variations of this form may be used.

Name of District Representative (Print):	Phone Number:
Signature of District Representative:	Date: