Independent Cost Estimate Form

Requesting Department:	
PROJECT INFORMATION	
Project Title: Ohio Creek Watershed GMP	**Vendor/Contractor: MEB**
Method of Procurement [Select One]: ☐ Micro Purchase ☐ Small Purchase ☐ Sealed Bid ☐ Request for Proposal (RFP) ☐ Request for Qualifications (RFQ) ☐ Non-Competitive (Sole Source) ☐ GSA Scheduled Purchases	**Type of Work [Select One]:** ☐ Public Works ☐ Goods and Materials ☐ Professional Services ☐ Architectural/Engineering Services
Scope of Work [*Please Provide a Brief Description of the Work to be Performed*]:	
ESTIMATE INFORMATION	
Method Utilized to Calculate Estimate: ☐Estimating Software ☐Published Prices/Quotes ☐Other [Please Specify]	
Are Supporting Documents Attached? *[Note: Support Documentation is Required.]* ☐ Yes ☐ No	
Are Costs within threshold for procurement method? ☐ Yes	☐ No
Are Costs within threshold for work type? ☐ Yes	☐ No
Is this a Cost Estimate for Emergency Services? ☐ Yes	☐ No
Total Estimate: $111,140,590.67	
SIGNATURES	
The above information is true to the best of my knowledge. _____ Requesting Department's Project Manager signature	