

St. John’s Community Health

Request for Proposal

Construction of Tenant Improvements PHASE 2

1500 N. Waterman Avenue, San Bernardino CA, 92404

See Schematic Pricing Plan. Dated 1/6/25

Contact Tim Neiman, Senior Director Capital Projects, 323-868-4277 for question or site visit

Note: All work to be after hours, excluding Wednesday and Sunday. Provide preliminary phasing plan and schedule with your Proposal. All work to be by licensed trades and to meet all applicable codes. Daily clean up required.

Please utilize the following format for Proposal:

Demolition of closet and partition to create new corridor connecting IBH to Programs:

\$ _____

Remove and cart app. 1350 square feet (SF) existing LVT:

\$ _____

Construct app. 250 lineal feet x 9 foot tall GWB partitions (metal studs, 5/8” GWB, sound insulation):

\$ _____

Furnish and install (9) 7 foot high x 36” wide fire rated hollow metal doors with allowance for Schlage brushed stainless steel levers without locks:

\$ _____

Furnish and install approximately 800 lineal feet 4” vinyl cove base (Johnsonite or =):

\$ _____

Furnish and install app. 2250 SF medical quality LVT to match existing:

\$ _____

Furnish and install app. (25) 1 x 4 surface mounted LED ceiling light fixtures to match existing:

\$ _____

Furnish and install app. (12) lighting switches for new ceiling fixtures (Lutron):

\$ _____

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Request for Proposal, cont'd.

Furnish and install new electrical subpanel as shown:

\$ _____

Furnish and install app. (50) duplex outlets in walls (Lutron white):

\$ _____

Furnish and install app. (4) 220V dedicated outlets for (2) dental sterilizers, (2) dental xray machines:

\$ _____

Install (3) junction boxes at foot of dental chairs with quad. outlets and copper piping and PVC tubing which connects to dental equipment closet w/ vacuum and compressor)

\$ _____

Provide app. 70 lineal feet 1/2" copper piping and app. 70 lineal feet 3/4" PVC tubing from JB at foot of each dental chair connecting to vacuum and compressor in dental equipment closet:

\$ _____

Provide conduit and switches for (2) dental xray machines:

\$ _____

Furnish and install plumbing to (3) new sink locations (dental lab, new dental room and dental island:

\$ _____

Provide allowance to replace app. 300 square feet of ceiling tiles to match existing:

\$ _____

Paint all newly constructed rooms and corridors and repaint main lobby/ entry corridor:

\$ _____

Furnish and install app. 200 lineal feet Korogard Rubstrip wall protection in corridor and lobby, Rubstrip to be 12" high in standard color TBD, installed app. 29" AFF":

\$ _____

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Request for Proposal, cont'd.

Include estimated cost for items required but not included above:

\$ _____

SUBTOTAL: \$ _____

OVERHEAD/

INSURANCE/

GENERAL CONSIDITIONS: \$ _____

10% CONTINGENCY: \$ _____

**ESTIMATED
PROJECT TOTAL:** \$ _____