

Alpha Paving Industries

15 Roundville Ln #100
Round Rock, TX 78664
(512) 677-9001

Prepared By: Robert Salinas
robert@alphapaving.com



Prepared For:
Ryan Companies
100 Congress Ave. ##100
Austin, TX 78701

Attention:
Joe Delong

Project Address:
Whole Foods Southwest Distribution
Center
10111 Hill Ln
Manor, TX 78653

Dear Joe Delong, thank you for the opportunity to provide you with this proposal. We look forward to answering any questions you may have and working with you on this project.

TRAFFIC CONTROL \$5,000.00

Lane Closure with Flaggers

ASPHALT MILL & OVERLAY \$291,400.00

Mill and Overlay 7,369 Square Yards, to a depth of 4 inches.

- We will Roto-Mill existing asphalt, clean and haul off site.
- Asphalt will be inspected and a tack coat will be installed to create a bond.
- TXDOT Type D Asphalt will be placed by a self-propelled paving machine at the above depth and rolled and compacted to a uniform consistency.
- Owner is responsible to ensure all vehicles are removed (towing if required) from the affected areas no later than 7:00 a.m.

TAX STATUS: COMMERCIAL NEW CONSTRUCTION \$0.00

This is a new construction lump sum project. No sales tax will be charged to you. To perform the scope of work described above, ALPHA PAVING WILL PAY ALL SALES TAX FOR MATERIAL, EQUIPMENT, AND SERVICES NEEDED.

PROPOSAL TOTAL: \$296,400.00

TERMS AND CONDITIONS: Alpha Paving Industries LLC will supply all labor, equipment, and materials for the proposed work unless specified above otherwise. This quote is inclusive and based on Alpha Paving performing all items above. Any deviation from the work described above may require a revised bid. Change orders will only be executed upon written orders. We reserve the right to progress bill for work partially completed. Alpha Paving will carry General Liability and Workman's Compensation Insurance. It is the customer's responsibility to notify Alpha Paving of any utilities buried less than 12 inches deep including private utilities and irrigation. Alpha Paving will not be held liable for any damage to such utilities if not notified prior to start of work. Payment made after specified payment terms could result in late fees, accrued interest, and attorney's fees. Retainage is not to be held unless specified by separate contract. This proposal is valid for 30 days.

PROPOSAL ACCEPTANCE: The above prices, specifications, terms, and conditions are accepted. Payment will be made in full NET 30 DAYS after completion of work unless specified otherwise under a separate written agreement.

I agree to complete a Project Information Form (next page) prior to scheduling of work.

Client Signature: _____ Today's date: _____



15 Roundville Lane, Round Rock, Texas 78664 PHYSICAL
 Post Office Box 6565, Round Rock, Texas 78683 MAILING
 512.677.9001 | 512.677.9002 FAX | www.alphapaving.com
 COMMERCIAL | MUNICIPAL | AVIATION | MULTI FAMILY
 PAVING - REPAIRS - SEALCOAT - STRIPING - CONCRETE - ADA

Project Information Form

In order for work to be scheduled, a SIGNED PROPOSAL and a completed PROJECT INFORMATION FORM are required. Thank you!

| | |
|--|--|
| Project Name (as shown on plans OR on our proposal): | |
| Project Address (exact legal address of property): | |

What is the Tax Status of this Project?

- I'M NOT SURE
 TAXABLE PROJECT
 NO SALES TAX : EXEMPT
 NO SALES TAX : RESALE
 TAX ON MATERIALS ONLY
SALES TAX ON TOTAL PLEASE PROVIDE TAX EXEMPT CERT PLEASE PROVIDE RESALE CERT RESIDENTIAL OR NEW CONST

Alpha Paving is Working for:

- THE OWNER / OWNER'S AGENT -----> **FILL OUT SECTION A ONLY**
 THE GENERAL CONTRACTOR -----> **FILL OUT SECTION A + B**
 A SUBCONTRACTOR -----> **FILL OUT SECTION A + B + C**

| | | |
|---|---------------------------------|-------------|
| Section A: ALPHA PAVING'S CUSTOMER | Company Name: | |
| | Mailing Address: | |
| | City, State, Zip: | |
| | Billing Contact / Phone Number: | () - |
| | Billing Email Address: | |

| | | |
|------------------------------------|--|-------------|
| Section B: OWNER / AGENT | Company Name: | |
| | Mailing Address: | |
| | City, State, Zip: | |
| | Billing Contact Person / Phone Number: | () - |

| | | |
|---|--|-------------|
| Section C: GENERAL CONTRACTOR | Company Name: | |
| | Mailing Address: | |
| | City, State, Zip: | |
| | Billing Contact Person / Phone Number: | () - |

Additional Information if Applicable:

- YES NO IS THERE A SEPARATE CONTRACT WHICH SPECIFIES ANY RETAINAGE TO BE HELD? IF YES, HOW MUCH? _____%
 YES NO IS PROJECT GOVERNED UNDER A CONTROLLED INSURANCE PROGRAM? (ROCIP, OCIP, CCIP)
 YES NO IS PROJECT SUBJECT TO COMPLIANCE MONITORING? (COMPLIANCE DEPOT, SERVICE ALIVE, RMIS, MY COI)
 YES NO IS PROJECT A BONDED JOB? IF SO, PLEASE FILL OUT THE FOLLOWING INFORMATION:

| | | |
|--------------------------------|-------------------------------|-------------|
| BONDING INFORMATION | Bonding Company Name: | |
| | Bond Number: | |
| | Address, City, State, Zip: | |
| | Bonding Agent / Phone Number: | () - |