

 Comfort. Under control.		1329 E KEMPER RD, SUITE 4210	
		CINCINNATI, OH 45246	
		joe@nationaltab.com	
		P# (855)682-6822 / DIRECT# (513)330-0266	
COMPANY:	MSD, Inc.	JOB NAME:	Medpace Microbiology Lab
		LOCATION:	5365 Medpace Way Cincinnati, OH
EMAIL:	jverlander@msdinc.net	QUOTE #:	JMH-NT-16125
ATTN:	Jim Verlander	BID DATE:	03/20/2024

Thank you for allowing National TAB this opportunity to bid on the testing and balancing of this project. The following is our understanding of the scope of work and the associated cost.

- WSHPs
- ERV
- Associated air devices
- Exhaust fan
- Fume hood
- Reporting & Project Management (*)

* PROJECT MANAGEMENT & REPORTING: *Our reporting and project management system is a live, streaming system powered by FaciliBuild™ that coordinates our job schedule, interactively, with other networked trade participants and includes seamless file distribution, issue tracking and resolution, in project messaging, and a reporting system that has dynamic (not static) database. When we create a report, we create it with active equipment asset's that allows the owner to import our results and continue its' use for live maintenance recording. This allows you, at any time, to pull up the full history of your buildings complete asset list. This system of assets can belong to the owner for the life of the equipment and your facility.*

This proposal includes a written report to be submitted upon completion of all work by National TAB.

TOTAL PRICE = \$1,995.00

Any parts if required will be additional. However, no parts will be provided without initial approval unless National TAB, LLC has agreed with the client for a set fee to perform specific task. Lift rental to be additional if required if not provided by owner or GC. Work to be performed 1st shift only.

Not included in price: Prevailing Wage, Sheave or belt replacement, DALT, Sound and Vibration testing, Indoor Air Quality testing, or Pre-testing unless price is specified separately above.

WE HEREBY PROPOSE to furnish labor complete in accordance with NATIONAL TAB specifications, for the sum of: One Thousand Nine Hundred Ninety-Five US dollars (**\$1,995.00**) Payment to be made as follows: **Terms as specified by our accounting department.**

<p>Acceptance of proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made in accordance to terms agreed upon.</p> <p>Client Signature: _____</p> <p>Client Date of Acceptance: _____</p>	<p>Authorized Signature:</p> <p style="text-align: center;"><u>Joe Hertenstein</u></p> <p>Date: <u>03/20/2024</u></p>
--	---