**ATTACHMENT M**

**COST PROPOSAL**

Provide the fixed price and personnel hourly billing rates Consultant proposes to charge for all Services under the Master Agreement in the Tables below. ***The billing rates will be used for evaluation purposes as set forth in the instructions herein and will be the basis for authorizing work under any resulting Agreement.***

**Fixed Price Billing Rates (Table I)**

The basis of the evaluation and subsequent award of points for the fixed price billing rates shall be the lowest fixed price in Attachment M Table I. The lowest Fixed Price submitted will receive the maximum points available. The points awarded for the remaining cost proposals will be calculated by identifying the lowest Fixed Price submitted divided by the amount of the Fixed Price being evaluated and multiplying that ratio by the maximum number of points available.

**Hourly Billing Rates (Table II)**

The basis of the evaluation and subsequent award of points for the personnel hourly billing rates shall be a composite hourly rate of the job titles listed in Attachment M Table II. The composite hourly rate will be determined by multiplying the proposed hourly rate for each job title by the designated weight factor and summing the resulting weighted hourly rates. The lowest composite hourly rate submitted will receive the maximum points available. The points awarded for the remaining cost proposals will be calculated by identifying the ratio of the lowest composite hourly rate to the composite hourly rate being evaluated and multiplying that ratio by the maximum number of points available.

*Instructions*:

**Table I**: Provide the fixed price billing rate to be charged through the initial term of the Agreement for Services.

**Table II**: Provide the personnel hourly billing rates to be charged through the initial term of the Agreement for each job title listed. ***If Consultant utilizes a different job title than listed, include the rate for the closest-aligned job title.***

1. Check the box in the In-House or Sub-Consultant columns to denote whether Services are to be performed in-house, by a subconsultant, or both. This information is for reference only and will not affect scoring.
2. All billing rates must be a single rate, expressed in dollar values with no more than two decimals, and not in a range (example: $80.00).
3. All billing rates shall be fully burdened and inclusive of all costs including, but not limited to personnel, materials, support staff, profit and overhead rate payable to the Consultant for services rendered to the Judicial Council.
4. All services and job titles must have a corresponding rate to be considered a responsive proposal. Failure to indicate a billing rate for any service or job title listed may be grounds to reject the entire proposal. A zero dollar rate (i.e., $0.00, $-, or blank) listed for any and all services and job titles will be interpreted and understood by the Judicial Council to mean that the Consultant indicating a zero dollar rate shall be obligated to perform any such services at no cost to the Judicial Council.
5. Do not change or edit this form.

|  |
| --- |
| **TABLE I****CONSULTANT FIXED PRICE BILLING RATES** |

| **In-House** | **Sub-Consultant** | **Fixed Price Services** | **Proposed Fixed Price****Billing Rate** |
| --- | --- | --- | --- |
|  |  | Phase 1 Environmental Site Assessment |       |

| **TABLE II****CONSULTANT PERSONNEL HOURLY BILLING RATES** |
| --- |
| **Service Type** | **In-House** | **Sub-Consultant** | **Personnel Job Title** | **Proposed Hourly** **Billing Rate** | **Personnel Weight Factor** |
| General Environmental Consulting Services |  |  | Principal |       | 10% |
|  |  | Project Manager |       | 10% |
|  |  | Senior Technician/Engineering Technician |       | 10% |
|  |  | Technician |       | 10% |
|  |  | Clerical/Administrative Assistant |       | 5% |
|  |  | Geologist/Hydrogeologist |       | 20% |
|  |  | GIS/CADD Specialist |       | 15% |
|  |  | Certified Industrial Hygienist |       | 20% |

|  |  |
| --- | --- |
| Consultant Name:  |       |
| Authorized Representative Signature:  |  | Date: |       |

**END OF FORM**