**ATTACHMENT N – ADDENDUM 1**

**COST PROPOSAL**

*Instructions*:

Provide the hourly billing rates and laboratory fees that Consultant proposes to charge for all Services listed in the tables below. ***The hourly rates and laboratory fees 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.***

***Hourly Billing Rates* (Table A) *[Revised]***

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 Table A. 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.

***Laboratory Fees* (Table B) *[Revised]***

The basis of the evaluation and subsequent award of points for the laboratory fees shall be a composite rate of the fees listed in Table B. The composite rate will be determined by multiplying the proposed rate for each laboratory fee by the designated weight factor and summing the resulting weighted rates. The lowest composite 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 rate to the composite rate being evaluated and multiplying that ratio by the maximum number of points available.

*Instructions*:

**Table A**: 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.***

**Table B**: Provide the laboratory fee to be charged through the initial term of the Agreement for each laboratory item listed.

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 A**

**(REQUIRED)
Consultant Personnel Hourly Billing Rates**

| **Service Type** | **In-House** | **Sub-****Consultant** | **Job Title** | **Proposed Hourly****Billing Rate** | **Weight Factor** |
| --- | --- | --- | --- | --- | --- |
| General Industrial Hygiene and Environmental Health Consulting Services |[ ] [ ]  Senior Project Manager / Competent Person |  | 25% |
|  |[ ] [ ]  Project Manager |  | 10% |
|  |[ ] [ ]  Certified Industrial Hygienist |  | 20% |
|  |[ ] [ ]  Certified Asbestos Consultant |  | 15% |
|  |[ ] [ ]  Project Specialist (Administrative) |  | 5% |
|  |[ ] [ ]  Technician |  | 20% |
|  |[ ] [ ]  Non-Production Travel Time |  | 5% |

**TABLE B *[REVISED]***

**(REQUIRED)
Consultant Laboratory Fees**

| **Service Type** | **Description** | **Unit Cost Per Service** | **Weight Factor** |
| --- | --- | --- | --- |
| Laboratory Fees  | Phase Contrast Microscopy (air) |  | 15% |
| Atomic Absorption (lead) |  | 15% |
| Polarized Light Microscopy (bulk) |  | 15% |
| Transmission Electron Microscopy |  | 5% |
| Point Count – 400  |  | 5% |
| Point Count – 1000/Gravimetric |  | 5% |
| Particle Identification |  | 5% |
| Adenosine Triphosphate (ATP) |  | 5% |
| Allergen Panel |  | 5% |
| Mold – Spore Trap/Bulk/Tape Lift |  | 10% |
| Legionella Cultures |  | 5% |
| Off hours lab opening fee |  | 2.5% |
| **Service Type** | **Description** | ***Fee*** ***(Percentage of*** ***Cost Per Service)*** | **Weight Factor** |
| Expediting Fees | Same Day TAT |  *%* | 2.5% |
|  | 1-Day TAT |  *%* | 2.5% |
|  | 2-Day TAT |  *%* | 2.5% |

Laboratory fees are based on a standard turn-around time (“TAT”) for analysis. Expedited analysis will incur additional cost as above.

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

**END OF ATTACHMENT**