

Section 3

PROPOSAL

(RFQ Attachment C)

Respondent: _____

The above-identified Respondent submits the following Proposal for completing architectural and related design professional services for Assigned Projects as follows:

1. Respondent's Proposed Project Team

Project Executive	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer
Project Manager; Job Captain	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer
Design Phase Manager	Name: _____ _____ <input type="checkbox"/> California licensed architect

	<input type="checkbox"/> California registered engineer
Construction Phase Manager	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer

2. Design Disciplines; Design Consultants. Complete the following to identify the employees of the Respondent or the Design Consultants the Respondent intends to retain for completing services necessary for the following design disciplines:

2.1. Civil Engineering.

To be completed by Respondent's employees; provide details below:

Project Manager; Job Captain	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer
Design Phase Manager	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered

	engineer
Constructi on Phase Manager	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer

To be completed by Design Consultant to Respondent, provide details below.

Design Consultant	Name: _____ Address _____ _____ Phone _____ Contact Person _____
Project Executive	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer

Project Manager/Job Captain	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer
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2.2. Structural Engineering.

To be completed by Respondent's employees; provide details below:

Project Manager; Job Captain	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer
Design Phase Manager	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer
Construction Phase Manager	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered

	engineer
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To be completed by Design Consultant to Respondent, provide details below.

Design Consultant	<p>Name: _____</p> <p>Address _____ _____</p> <p>Phone _____</p> <p>Contact Person _____</p>
Project Executive	<p>Name: _____</p> <p>—</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>
Project Manager/Job Captain	<p>Name: _____</p> <p>—</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>

2.3. Mechanical Engineering.

To be completed by Respondent's employees; provide details below:

<p>Project Manager; Job Captain</p>	<p>Name: _____</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>
<p>Design Phase Manager</p>	<p>Name: _____</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>
<p>Construction Phase Manager</p>	<p>Name: _____</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>

To be completed by Design Consultant to Respondent, provide details below.

<p>Design Consultant</p>	<p>Name: _____</p> <p>Address _____</p>
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	<p>_____</p> <p>Phone</p> <p>_____</p> <p>Contact Person</p> <p>_____</p>
Project Executive	<p>Name:</p> <p>_____</p> <p>—</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>
Project Manager/Job Captain	<p>Name:</p> <p>_____</p> <p>—</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>

2.4. Electrical Engineering.

To be completed by Respondent's employees; provide details below:

Project Manager; Job Captain	<p>Name:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> California licensed architect</p>
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	<input type="checkbox"/> California registered engineer
Design Phase Manager	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer
Construction Phase Manager	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer

To be completed by Design Consultant to Respondent, provide details below.

Design Consultant	Name: _____ Address _____ _____ Phone _____ Contact Person _____
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Project Executive	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer
Project Manager/Job Captain	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer

2.5. Plumbing Engineering.

To be completed by Respondent's employees; provide details below:

Project Manager; Job Captain	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer
Design Phase Manager	Name: _____ _____ <input type="checkbox"/> California licensed architect

	<input type="checkbox"/> California registered engineer
Construction Phase Manager	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer

To be completed by Design Consultant to Respondent, provide details below.

Design Consultant	Name: _____ Address _____ _____ Phone _____ Contact Person _____
Project Executive	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer

Project Manager/Job Captain	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer
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2.6. Landscape.

To be completed by Respondent's employees; provide details below:

Project Manager; Job Captain	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer
Design Phase Manager	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered engineer
Construction Phase Manager	Name: _____ _____ <input type="checkbox"/> California licensed architect <input type="checkbox"/> California registered

	engineer
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To be completed by Design Consultant to Respondent, provide details below.

Design Consultant	<p>Name: _____</p> <p>Address _____ _____</p> <p>Phone _____</p> <p>Contact Person _____</p>
Project Executive	<p>Name: _____</p> <p>—</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>
Project Manager/Job Captain	<p>Name: _____</p> <p>—</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>

2.7. Telecommunications/Data.

To be completed by Respondent's employees; provide details below:

<p>Project Manager; Job Captain</p>	<p>Name: _____</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>
<p>Design Phase Manager</p>	<p>Name: _____</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>
<p>Construction Phase Manager</p>	<p>Name: _____</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>

To be completed by Design Consultant to Respondent, provide details below.

<p>Design Consultant</p>	<p>Name: _____</p> <p>Address _____</p>
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	<p>_____</p> <p>Phone</p> <p>_____</p> <p>Contact Person</p> <p>_____</p>
Project Executive	<p>Name:</p> <p>_____</p> <p>—</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>
Project Manager/Job Captain	<p>Name:</p> <p>_____</p> <p>—</p> <p><input type="checkbox"/> California licensed architect</p> <p><input type="checkbox"/> California registered engineer</p>

3. Proposed Price. For completion of the Basic Services and other obligations of the Architect under the On-Going Architectural Services Agreement for each Assigned Project, the Respondent proposes the following pricing methodology:

4. Reimbursable Expenses. The pricing methodology proposed in Paragraph 3 includes all costs, expenses and other charges for completing all Basic Services for an Assigned Project.

- Yes No

If the pricing proposal described in Paragraph 3 does not include all fees, costs or expenses incurred to complete the Architectural Services, the Respondent proposes billing the District for the following fees, costs or expenses incurred to complete obligations under the Architectural Services Agreement.

4.1. Travel.

4.1.1. Privately Owned Automobile Travel; Costs Per Mile. If personnel travel by a privately owned automobile, the charge per mile traveled is _____ cents (____¢) per mile (“Mileage Charge”).

Mileage Charges. The Mileage Charge billed to the District for travel by privately owned automobile will be for:

- Round Trip Travel
 One Way Travel

4.1.2. Airfare. If travel is by air, the charge is the actual costs of economy class airfare without mark-ups.

- Yes
 No, billings will be for costs plus _____ percent

(____%) mark-up

4.1.3. Rental Car. If travel is by a rental car, the billing is the actual costs for an economy class rental car without mark-ups.

Yes

No, billings will be for costs plus ____ percent (____%) mark-up

4.1.4. Per Diem Expenses. If travel and overnight stay or more is required the per diem charge (excluding mileage, airfare charges or rental car charges) for lodging, meals and incidental expenses is:

Lodging _____ Dollars
(\$_____) per day.

Meals _____ Dollars
(\$_____) per day.

Incidental Expenses _____ Dollars
(\$_____) per day.

4.1.5. Charges for Personnel Travel Time. If personnel travel, Respondent proposes to bill the District for travel time of personnel as follows:

No travel charges for personnel travel (travel time included in Price Proposal).

Flat rate travel charge for personnel travel of _____ Dollars (\$_____) per person travelling.

Hourly rate charge for personnel travel at _____ Dollars (\$_____) per

hour per person travelling.

If an hourly rate is proposed, the billings are for:

- Round Trip Travel**
- One Way Travel**
- Not Applicable, no travel charge proposed for personnel travel time.**

4.2. Communications.

Phone/Fax **Charges:**

United States Mail **Charges:**

Private Courier/Overnight **Service:**

Other Communications **Charges:**

Production.

CAD/Plotting:

Up to 11" x 14" size reproductions:

Quarter sheet reproductions:

Half-sheet reproductions:

Full sheet reproductions:

5. Additional Services. Set forth below the proposed hourly

billing rates for Additional Services if the District authorizes any Additional Services.

Respondent Personnel Proposed Additional Services Hourly Billing Rates		
Name	Position/Title	Proposed Hourly Rate

(Duplicate as necessary for additional proposed personnel)

Design Consultant Personnel Proposed Additional Services Hourly Billing Rates	Design Consultant Name: _____	
	Name	Position/Title
		Proposed Hourly Rate

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(Duplicate as necessary for all proposed Design Consultants)

6. Acknowledgment and Confirmation. The Respondent has a full and complete understanding of the Architectural Services required for the Project. The Respondent certifies that all proposed personnel are duly certified, licensed, approved and otherwise qualified to complete obligations under the Architectural Services Agreement and the architectural services assigned to such personnel, if the Architectural Services Agreement is awarded to Respondent. The undersigned: (i) has reviewed and verified the accuracy and completeness of the foregoing Proposal and (ii) is authorized to bind and commit Respondent to the foregoing Proposal.

By: _____

(Signature of Respondent's Authorized Officer or Representative)

(Typed or Printed Name)

Title: _____