

(Revised October 17, 2019)

ATTACHMENT B

RATE PROPOSAL FORM

(consisting of 2 pages)

**CONSENT DECREE – CONSTRUCTION MANAGEMENT SERVICES: GRAVITY
SEWER REHABILITATION AND REPLACEMENT**

Responder: Please complete the attached pages of the Rate Proposal Form and return them with this cover page. The rate proposal must be submitted in a separate, sealed envelope with the Responder's name and "Request for Proposals No. 19-500510 Consent Decree - Construction Management Services: Gravity Sewer Rehabilitation and Replacement" clearly identified on the outside of the envelope.

By signing this page, Responder acknowledges that he has carefully examined and fully understands the Sample County Agreement terms, Scope of Work, and other attached documents, and hereby agrees that if his proposal is accepted, he will contract with DeKalb County according to the Request for Proposal documents.

Please provide the following information:

Name of Firm: _____

Address: _____

Contact Person Submitting Proposal: _____

Title of Contact Person: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Signature of Responder's Authorized Agent

Title of Responder's Authorized Agent

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Responder: State a FIRM FIXED HOURLY RATES for all costs, direct and indirect, administrative costs, and all things necessary for RFP 19-500510 Consent Decree - Construction Management Services: Gravity Sewer Rehabilitation and Replacement.

CONSTRUCTION MANAGEMENT SERVICES: GRAVITY SEWER REHABILITATION AND REPLACEMENT	
ROLE	BILLING RATE (\$/HR)
Project Manager	
Construction Manager	
Construction Inspector	
Document Controller	
Administrative Assistant	
Project Engineer	

NOTES:

1. All ODCs shall be included in the Billing Rates you provide. No separate payment will be allowed for office space, supplies, transportation, etc.
2. There shall be no Billing Rate escalation for the life of the Contract.