

ATTACHMENT J

INDEPENDENT LICENSED ARCHITECT RFP No. 2020-02

FEE SHEET

(To be submitted in a separate sealed envelope)

PRICE IS TO BE LISTED PER THE FOLLOWING:

Initial 3 year Term

Proposed Staff	Proposed Hourly Billing Rates(\$)	Number of Hours/year	Number of years	Total(hourly rate x # hours/year x # of years)
Project Manager		40	3	
Quality Assurance Manager		40	3	
Code Inspector/Plans		40	3	
Registered Architect/Plans Examiner		40	3	
Senior Designer/Plans examiner		40	3	
TOTAL				\$

EXTENSION OPTION 1

Proposed Staff	Proposed Hourly Billing Rates(\$)	Number of Hours/year	Number of years	Total(hourly rate x # hours/year x # of years)
Project Manager		40	1	
Quality Assurance Manager		40	1	
Code Inspector/Plans Examiner		40	1	
Registered Architect/Plans Examiner		40	1	
Senior Designer/Plans examiner		40	1	
TOTAL				\$

EXTENSION OPTION 2

Proposed Staff	Proposed Hourly Billing Rates(\$)	Number of Hours/year	Number of years	Total(hourly rate x # hours/year x # of year)
Project Manager		40	1	
Quality Assurance Manager		40	1	
Code Inspector/Plans Examiner		40	1	
Registered Architect/Plans Examiner		40	1	
Senior Designer/Plans examiner		40	1	
TOTAL				\$

Total Bid Amount : \$ _____
 (Add Total Bocks for Initial Term + Ext. Opt. 1 + Ext. Opt 2)

Total Bid Amount in words: _____

Company Name (Printed): _____

Name (Printed): _____

Title: _____

Address: _____

Phone/Fax: _____

Email Address: _____

Signature: _____