



NEW YORK CITY DEPARTMENT OF
DESIGN + CONSTRUCTION

DAVID J. BURNEY, FAIA
Commissioner

CAROL DIAGOSTINO
Agency Chief
Contracting Officer

January 11, 2013

ADDENDUM NO. 2

PROJECT: HWDRMX02L,HWDRKR02L,HWDRQ02, Requirements Contracts for Engineering Design and Related Services for the Large Infrastructure Projects

PIN: 8502013VP0008P-10P

THE ADDENDUM IS ISSUED FOR THE PURPOSE OF AMENDING THE REQUIREMENTS OF THE REQUEST FOR PROPOSALS AND IS HEREBY MADE A PART OF SAID REQUEST FOR PROPOSALS TO THE SAME EXTENT AS THOUGH IT WERE ORIGINALLY THEREIN.

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REQUEST FOR PROPOSAL

The Request for Proposals is amended as set forth below:

- Several revisions were made to Attachment 6 (Fee Proposal). Delete in its entirety and replace with the revised Attachment 6 included with this addendum.

**Contact: John Katsorhis, Katsorhjo@ddc.nyc.gov
Phone No.: 718-391-2263**

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By signing in the space provided below, the Proposer acknowledges receipt of this Addendum.

THIS ADDENDUM MUST BE SIGNED BY THE PROPOSER FOR THE CONTRACT AND ATTACHED TO THE TECHNICAL PROPOSAL.

**Carol DiAgostino
Agency Chief Contracting Officer**

Name of Proposer

By _____

Title _____



ATTACHMENT 6

FEE PROPOSAL (All Inclusive Hourly Rates)

Submission: The proposer shall submit Attachment 6 (Fee Proposal) in a clearly marked, sealed envelope. The Fee Proposal shall consist of Part 1: Proposed Rates. **If requested in writing by DDC, the proposer shall submit the following within two business days: Part 2: Back-up Material and Part 3: Multiplier for Overhead and Profit.**

Negotiation: DDC will conduct negotiations as described in Section V. (A.) of the RFP. All Inclusive Hourly Rates negotiated with each successful proposer will be included in the respective Contract.

PART 1: PROPOSED RATES:

The All Inclusive Hourly Rates negotiated with each successful proposer will be included in its Contract. Such All Inclusive Hourly Rates shall apply to the four year base term of the Contract. Thereafter, such All Inclusive Hourly Rates shall be subject to increases on a yearly basis, as set forth in Article 7 of the attached contract. Under certain circumstances, such All Inclusive Hourly Rates may also be subject to decreases, as set forth in Article 7 of the attached contract.

The proposer shall submit a Proposed All Inclusive Hourly Rate for each title listed in this Attachment. Such All Inclusive Hourly Rates shall apply as follows: (a) if the method of payment for services is through fee(s), the All Inclusive Hourly Rates shall be used as a basis for negotiating fees with the Consultant, and (b) if the method of payment for services is on a time card basis, All Inclusive Hourly Rates shall be used to calculate payment to the Consultant. The All Inclusive Hourly Rates shall apply to the four year base term of the Contract.

TITLE	ASCE (A) NICET (N) GRADE	ALL INCLUSIVE HOURLY RATE
Project Manager	A-VI	
Project Engineer	A-IV	
Senior Civil Engineer - HWY	A-V	
Senior Structural Engineer	A-V	
Engineer	A-III	
Junior Engineer	A-II	
Urban Design - Landscape Manager, R.L.A.		
Senior Landscape Architect - Urban Design		
Landscape Architect		
Junior Landscape Architect		
Arborist/ Forester		
Survey Manager, R.L.S.		
Party Chief/Foreman	N-III	
Instrument Person	N-II	
Rod Person	N-I	
Senior Traffic Engineer	A-V	
Traffic Engineer	A-III	
Junior Traffic Engineer – Technician	A-II	
Project Environmental Engineer/Manager		
Senior Environmental Engineer/Planner		

ATTACHMENT 6 (continued)

TITLE	ASCE (A) NICET (N) GRADE	ALL INCLUSIVE HOURLY RATE
Environmental Engineer		
Junior Environmental Engineer		
Certified Industrial Hygienist		
Industrial Hygienist		
Project Geotechnical Engineer / Manager	A-VI	
Senior Geotechnical Engineer	A-V	
Geotechnical Engineer	A-III	
Project Scientist		
Senior Mechanical Engineer	A-V	
Mechanical Engineer	A-III	
Senior Electrical Engineer	A-V	
Electrical Engineer	A-III	
Archeologist/Historian		
Senior Archeologist		
Junior Archeologist		
Senior CAD Operator	N-IV	
CAD Operator	N-III	
Junior CAD Operator	N-II	

Affirmation: By signing in the space provided below, the proposer affirms that all back up material provided as part of this Attachment 6 is true and accurate in all respects.

Name of Proposer (Full Business Name)

By: _____
Signature of Partner or Corporate Officer

Date

Print Name

Title

Telephone #

EIN #

ATTACHMENT 6 (continued)**PART 2: BACK UP MATERIAL**

The required Back Up Material shall consist of Sections (A) through (D) below.

- (A) Individuals Per Title: For each title listed in this Attachment, the proposer shall submit the total number of individuals who: (1) meet the minimum requirements for the title, and (2) are employed by the proposer, as well as by each subconsultant identified in Attachment 3.
- (B) Actual Direct Salary Information: For each title listed in this Attachment, the proposer shall submit the Actual Direct Salary Rate Information described below for all individuals who meet criteria in Section (A) above.
- (1) Actual Annual Direct Salary: An individual's actual annual direct salary shall be the salary amount directly payable to such employee on an annual basis and shall **NOT INCLUDE** any amount for the following costs or payments: (1) any payments for services performed during other than regular business hours (i.e., premium for Night Differential and/or Overtime); (2) any employer payments mandated by law, including without limitation, social security and Medicare taxes, insurance (Worker's Compensation, Employers Liability, Unemployment); (3) any employer contributions to retirement plans, including without limitation pension and/or deferred compensation plans, and (4) any costs for any other fringe and/or supplemental benefits.
- (2) Actual Annual Direct Salary on an Hourly Basis: To compute an individual's actual annual direct salary on an hourly basis, the individual's actual annual direct salary, as defined above, shall be divided by 2080.
- (C) Multiplier for Overhead: If the proposer has an "Audited Multiplier for Overhead" that has been accepted by a governmental agency, it shall submit its Audited Multiplier for Overhead, as well as a letter from a governmental agency that engages in capital construction work (city, state or federal) approving or accepting such Audited Multiplier for Overhead.

If the proposer does not have an "Audited Multiplier for Overhead" that has been accepted by a governmental agency, it shall submit Audited Financial Statements for the three (3) most recent fiscal years. Each Financial Statement (Balance Sheet and Income Statement) must have been audited by an independent auditor licensed to practice as a certified public accountant (CPA). Each Financial Statement must include the auditor's standard report.

DDC reserves the right to require the proposer to submit any records, documentation or accounting data in connection with its Multiplier. Such records may include, without limitation, the "CONR 385 Package". For a description of the "CONR 385 Package", the proposer is directed to the following website: <https://www.nysdot.gov/main/business-center/audit/conr-385-388>

The proposer shall submit the same Multiplier information for each subconsultant identified in Attachment 3.

- (D) Payroll Register: The proposer shall submit its Payroll Register for the past twelve months, as well as the Payroll Register for each subconsultant identified in Attachment 3.

ATTACHMENT 6 (continued)

PART 3: MULTIPLIER FOR OVERHEAD AND PROFIT:

In the space provided below, the proposer shall indicate a Proposed Multiplier for Overhead and Profit. Such Multiplier is subject to negotiation. Such Multiplier for Overhead and Profit shall only be used to calculate an All Inclusive Hourly Rate for additional titles of personnel that may be required for a specific project, as set forth in Article 7 of the attached contract.

Proposed Multiplier for Overhead and Profit: _____

Affirmation: By signing in the space provided below, the proposer affirms that all back up material provided as part of this Attachment 6 is true and accurate in all respects.

Name of Proposer (Full Business Name)

By: _____
Signature of Partner or Corporate Officer

Date

Print Name

Title

Telephone #

EIN #