

ATTACHMENT H – COST/PRICE PROPOSAL RESPONSE FORM

The proposer shall complete the following pricing table(s) and provide firm, fixed pricing necessary to meet the requirements of the RFP. The quantities are estimates only and actual numbers may change. There is no guarantee for the amount of assessments needed on an annual basis.

Proposal responses submitted on any other form may be considered non-responsive and therefore rejected. The authorized person signing the bid shall initial any erasures, corrections or other changes appearing on the Proposal Cost Response Form. *No written comments, modifications or interlineations to the Proposal Cost Response Form will be accepted.*

| PART A. COST PER ASSESSMENT/CERTIFICATION | | | | |
|--|-------------------|---------------------|----------------------|----------------------|
| <i>Pricing should include all expenses necessary to perform complete assessments/certifications per RFP requirements, and should include labor, overhead (insurance, payroll, taxes, office, etc.) and profit.</i> | | | | |
| ASSESSMENT/CERTIFICATION CATEGORY | EST QTY. PER YEAR | COST PER ASSESSMENT | TOTAL ESTIMATED COST | |
| ADA-Certifications | 1248 | \$ | \$ | |
| ADA-Re-Certifications | 1173 | \$ | \$ | |
| Non-ADA Certifications | 175 | \$ | \$ | |
| Non-ADA Re-Certifications | 74 | \$ | \$ | |
| Fixed-Route Reduced Fare Public Transportation Certifications | 1000 | \$ | \$ | |
| Appeal Assessments | 50 | \$ | \$ | |
| SUB-TOTAL FOR ASSESSMENTS/CERTIFICATIONS | | | \$ | |
| PART B. SUBCONTRACTOR(S)/SUBCONSULTANT(S) | | | | |
| SUBCONTRACT/CONSULTANT NAME | TOTAL SUB/COST | MARKUP RATE (%) | ETIMATED COST | TOTAL ESTIMATED COST |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| TOTAL SUBCONTRACT/SUBCONSULTANT COSTS | | | | \$ |
| PART C. PROJECT DIRECT COSTS/OTHER ANTICIPATED EXPENSES (INCLUDING TRAVEL, FACILITY COSTS, SUPPLIES, EQUIPMENT, START-UP COSTS) | | | | |
| DESCRIPTION | QUANTITY | UNIT RATE | ESTIMATED COST | TOTAL ESTIMATED COST |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| TOTAL OTHER EXPENSES | | | | \$ |
| TOTAL PROJECT COST – YEAR ONE (A + B + C) | | | | \$ |

**ATTACHMENT H – COST/PRICE PROPOSAL RESPONSE FORM
YEAR TWO**

| PART A. COST PER ASSESSMENT/CERTIFICATION | | | | |
|--|-------------------|---------------------|----------------------|----------------------|
| <i>Pricing should include all expenses necessary to perform complete assessments/certifications per RFP requirements, and should include labor, overhead (insurance, payroll, taxes, office, etc.) and profit.</i> | | | | |
| ASSESSMENT/CERTIFICATION CATEGORY | EST QTY. PER YEAR | COST PER ASSESSMENT | TOTAL ESTIMATED COST | |
| ADA-Certifications | 1273 | \$ | align="center">\$ | |
| ADA Re-Certifications | 1196 | \$ | align="center">\$ | |
| Non-ADA Certifications | 179 | \$ | align="center">\$ | |
| Non-ADA Re-Certifications | 75 | \$ | align="center">\$ | |
| Fixed-Route Reduced Fare Public Transportation Certifications | 1020 | \$ | align="center">\$ | |
| Appeal Assessments | 51 | \$ | align="center">\$ | |
| SUB-TOTAL FOR ASSESSMENTS/CERTIFICATIONS | | | align="center">\$ | |
| PART B. SUBCONTRACTOR(S)/SUBCONSULTANT(S) | | | | |
| SUBCONTRACT/CONSULTANT NAME | TOTAL SUB/COST | MARKUP RATE (%) | ETIMATED COST | TOTAL ESTIMATED COST |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| TOTAL SUBCONTRACT/SUBCONSULTANT COSTS | | | | \$ |
| PART C. PROJECT DIRECT COSTS/OTHER ANTICIPATED EXPENSES (INCLUDING TRAVEL, FACILITY COSTS, SUPPLIES, EQUIPMENT, START-UP COSTS) | | | | |
| DESCRIPTION | QUANTITY | UNIT RATE | ESTIMATED COST | TOTAL ESTIMATED COST |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| TOTAL OTHER EXPENSES | | | | \$ |
| TOTAL PROJECT COST – YEAR TWO (A + B + C) | | | | \$ |

**ATTACHMENT H – COST/PRICE PROPOSAL RESPONSE FORM
YEAR THREE**

| PART A. COST PER ASSESSMENT/CERTIFICATION | | | | |
|--|-------------------|---------------------|----------------------|----------------------|
| <i>Pricing should include all expenses necessary to perform complete assessments/certifications per RFP requirements, and should include labor, overhead (insurance, payroll, taxes, office, etc.) and profit.</i> | | | | |
| ASSESSMENT/CERTIFICATION CATEGORY | EST QTY. PER YEAR | COST PER ASSESSMENT | TOTAL ESTIMATED COST | |
| ADA-Certifications | 1298 | \$ | | |
| ADA Re-Certifications | 1220 | \$ | | |
| Non-ADA Certifications | 183 | \$ | | |
| Non-ADA Re-Certifications | 76 | \$ | | |
| Fixed-Route Reduced Fare Public Transportation Certifications | 1040 | \$ | | |
| Appeal Assessments | 52 | \$ | | |
| SUB-TOTAL FOR ASSESSMENTS/CERTIFICATIONS | | | | |
| PART B. SUBCONTRACTOR(S)/SUBCONSULTANT(S) | | | | |
| SUBCONTRACT/CONSULTANT NAME | TOTAL SUB/COST | MARKUP RATE (%) | ETIMATED COST | TOTAL ESTIMATED COST |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| TOTAL SUBCONTRACT/SUBCONSULTANT COSTS | | | | \$ |
| PART C. PROJECT DIRECT COSTS/OTHER ANTICIPATED EXPENSES (INCLUDING TRAVEL, FACILITY COSTS, SUPPLIES, EQUIPMENT, START-UP COSTS) | | | | |
| DESCRIPTION | QUANTITY | UNIT RATE | ESTIMATED COST | TOTAL ESTIMATED COST |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| TOTAL OTHER EXPENSES | | | | \$ |
| TOTAL PROJECT COST – YEAR THREE (A + B + C) | | | | \$ |

**ATTACHMENT H – COST/PRICE PROPOSAL RESPONSE FORM
YEAR FOUR (OPTION YEAR ONE)**

| PART A. COST PER ASSESSMENT/CERTIFICATION | | | | |
|--|-------------------|---------------------|----------------------|----------------------|
| <i>Pricing should include all expenses necessary to perform complete assessments/certifications per RFP requirements, and should include labor, overhead (insurance, payroll, taxes, office, etc.) and profit.</i> | | | | |
| ASSESSMENT/CERTIFICATION CATEGORY | EST QTY. PER YEAR | COST PER ASSESSMENT | TOTAL ESTIMATED COST | |
| ADA-Certifications | 1323 | \$ | | |
| ADA Re-Certifications | 1244 | \$ | | |
| Non-ADA Certifications | 187 | \$ | | |
| Non-ADA Re-Certifications | 77 | \$ | | |
| Fixed-Route Reduced Fare Public Transportation Certifications | 1060 | \$ | | |
| Appeal Assessments | 53 | \$ | | |
| SUB-TOTAL FOR ASSESSMENTS/CERTIFICATIONS | | | | |
| PART B. SUBCONTRACTOR(S)/SUBCONSULTANT(S) | | | | |
| SUBCONTRACT/CONSULTANT NAME | TOTAL SUB/COST | MARKUP RATE (%) | ETIMATED COST | TOTAL ESTIMATED COST |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| TOTAL SUBCONTRACT/SUBCONSULTANT COSTS | | | | \$ |
| PART C. PROJECT DIRECT COSTS/OTHER ANTICIPATED EXPENSES (INCLUDING TRAVEL, FACILITY COSTS, SUPPLIES, EQUIPMENT, START-UP COSTS) | | | | |
| DESCRIPTION | QUANTITY | UNIT RATE | ESTIMATED COST | TOTAL ESTIMATED COST |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| TOTAL OTHER EXPENSES | | | | \$ |
| TOTAL PROJECT COST – YEAR FOUR (OPTION YEAR ONE (A + B + C)) | | | | \$ |

**ATTACHMENT H – COST/PRICE PROPOSAL RESPONSE FORM
YEAR FIVE (OPTION YEAR TWO)**

| PART A. COST PER ASSESSMENT/CERTIFICATION | | | | |
|--|-------------------|---------------------|----------------------|----------------------|
| <i>Pricing should include all expenses necessary to perform complete assessments/certifications per RFP requirements, and should include labor, overhead (insurance, payroll, taxes, office, etc.) and profit.</i> | | | | |
| ASSESSMENT/CERTIFICATION CATEGORY | EST QTY. PER YEAR | COST PER ASSESSMENT | TOTAL ESTIMATED COST | |
| ADA-Certifications | 1349 | \$ | \$ | |
| ADA-Re-certifications | 1269 | \$ | \$ | |
| Non-ADA Certifications | 191 | \$ | \$ | |
| Non-ADA Re-Certifications | 78 | \$ | \$ | |
| Fixed-Route Reduced Fare Public Transportation Certifications | 1080 | \$ | \$ | |
| Appeal Assessments | 54 | \$ | \$ | |
| SUB-TOTAL FOR ASSESSMENTS/CERTIFICATIONS | | | \$ | |
| PART B. SUBCONTRACTOR(S)/SUBCONSULTANT(S) | | | | |
| SUBCONTRACT/CONSULTANT NAME | TOTAL SUB/COST | MARKUP RATE (%) | ETIMATED COST | TOTAL ESTIMATED COST |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| TOTAL SUBCONTRACT/SUBCONSULTANT COSTS | | | | \$ |
| PART C. PROJECT DIRECT COSTS/OTHER ANTICIPATED EXPENSES (INCLUDING TRAVEL, FACILITY COSTS, SUPPLIES, EQUIPMENT, START-UP COSTS) | | | | |
| DESCRIPTION | QUANTITY | UNIT RATE | ESTIMATED COST | TOTAL ESTIMATED COST |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| TOTAL OTHER EXPENSES | | | | \$ |
| TOTAL PROJECT COST – YEAR FIVE (OPTION YEAR TWO (A + B + C)) | | | | \$ |

ATTACHMENT H – COST/PRICE PROPOSAL SUMMARY OF ALL COSTS

| DESCRIPTION | YEAR ONE | YEAR TWO | YEAR THREE | YEAR FOUR (OPTION YR #1) | YEAR FIVE (OPTION YR #2) | TOTALS |
|---|----------|----------|------------|-----------------------------|-----------------------------|--------|
| A. COST FOR ASSESSMENTS | \$ | \$ | \$ | \$ | \$ | \$ |
| B. SUBCONTRACTOR(S) COSTS | \$ | \$ | \$ | \$ | \$ | \$ |
| C. PROJECT DIRECT COSTS/OTHER ANTICIPATED EXPENSES | \$ | \$ | \$ | \$ | \$ | \$ |
| TOTAL PROJECT COSTS (A + B + C) | \$ | \$ | \$ | \$ | \$ | \$ |

The undersigned, acting as an authorized agent or officer for the Offeror, does hereby agree to the following:

1. The offer submitted is complete and accurate, including all forms required for submission in accordance with the terms and conditions listed in this Request for Proposals and any subsequent Addenda. The Offeror shall immediately notify the KCATA in the event of any change.
2. The quantities specified are based upon the best available estimates and do not determine the actual amount the Authority shall order during the contract period. The quantities are subject to change. Payments will be based on actual quantities order based on the unit rates quoted.
3. The undersigned agrees to furnish and deliver the items or perform services as described herein for the consideration stated in accordance with the terms and conditions listed in the KCATA RFP. The rights and obligations of the parties to any resultant purchase order/contract shall be subject to and governed by this document and any documents attached or incorporated herein by reference.

Company Name (Type/Print) _____ Date _____

Address/City/State/Zip _____

Authorized Signature _____ Title _____

Name (Type/Print) _____ Telephone # _____ Fax # _____

E-mail address _____