

## ATTACHMENT N

### HOURLY RATES

*Instructions:*

Provide the hourly billing rates Consultant proposes to charge for all job titles listed in the tables below. The hourly billing rates will be used for evaluation purposes as set forth in the instructions herein and will be the basis for authorizing work under any resulting Agreement.

1. Check the box in the In-House or Sub-Consultant columns to denote whether services are to be performed in-house, by a subconsultant, or both. This information is for reference only and will not affect scoring.
2. Provide the hourly billing rate to be charged through the initial term of the resulting Agreement, if any, for each job title listed in Table A (Required) and for additional services, if any, in Table B (Optional).
  - A. Rates must be fully loaded and include Overhead and Profit.
  - B. Rates must be a single rate, expressed in dollar values with no more than two decimals, and not in a range (example: \$80.00).

**TABLE A:** *All job titles must have a corresponding rate to be considered a responsive proposal. If Consultant utilizes a different job title than listed below, include the rate for the closest-aligned job title that would perform the work.* Failure to indicate a billing rate for any job title listed may be grounds to reject the entire proposal. A zero dollar rate (i.e., \$0.00, \$ - , or blank) listed for any and all consultant positions will be interpreted and understood by the Judicial Council to mean that the Consultant indicating a zero dollar rate shall be obligated to perform any such services at no cost to the Judicial Council.

- The basis of the evaluation and subsequent award of points for the Consultant's Cost Proposal shall be a composite hourly rate of the job titles listed in Table A. The composite hourly rate will be determined by multiplying the proposed hourly rate for each job title by the designated weight factor and summing the resulting weighted hourly rates. The Cost Proposal with the lowest composite hourly rate submitted will receive the maximum points available. Points awarded for the remaining Cost Proposals will be calculated by identifying the ratio of the highest-scoring Cost Proposal to the Cost Proposal being evaluated and multiplying that ratio by the maximum number of points available. By way of example, if the composite hourly rate of the Consultant's Cost Proposal being evaluated is twice that of the Cost Proposal with the lowest composite hourly rate, then the Consultant's Cost Proposal being evaluated will receive half of the maximum number of points available.

**TABLE B:** List any additional services that can be provided by the Consultant in the performance of the services of this RFP and associated job titles and hourly rates Consultant proposes to charge.

- Additional job titles and hourly rates will not be used for evaluation purposes; however, the Judicial Council, at its sole discretion, may select any or all additional job titles and hourly rates to be included in any resulting Agreement.

3. Do not change or edit this form.

**TABLE A  
(REQUIRED)  
Consultant Personnel Hourly Billing Rates**

| Service Type                   | In-House                            | Sub-Consultant           | Job Title         | Proposed Hourly Billing Rate | Personnel Weight Factor |
|--------------------------------|-------------------------------------|--------------------------|-------------------|------------------------------|-------------------------|
| Scheduling Consulting Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Project Executive |                              | 10%                     |
|                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Project Manager   |                              | 20%                     |
|                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Lead Scheduler    |                              | 15%                     |
|                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Scheduler         |                              | 30%                     |
|                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cost Estimator    |                              | 20%                     |
|                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Clerical          |                              | 5%                      |
| All other services             | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |
|                                | <input type="checkbox"/>            | <input type="checkbox"/> |                   |                              | #%                      |

**TABLE B  
 (OPTIONAL)  
 Consultant Personnel Hourly Billing Rates**

| Service Type                             | In-<br>House             | Sub-<br>Consultant       | Job Title | Proposed Hourly<br>Billing Rate |
|--|--------------------------|--------------------------|-----------|---------------------------------|
| Additional services that can be provided | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> |           |                                 |

Consultant Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**END OF FORM**