

### ATTACHMENT 3

### FIRM PERSONNEL BILLING RATES

The hourly rates shall be provided for the categories of key personnel described in the table below. The hourly rates will be used for evaluation purposes as set forth herein.

*Instructions:*

1. Provide the hourly billing rates for the categories of key personnel described in the table below. to be charged through the initial term of the Agreement for each job title listed. Rates must be fully loaded and include Overhead and Profit. If Firm utilizes a different job title than listed below, include the rate for the closest-aligned job title. All rates must be a single rate, expressed in dollar values with no more than two decimals, and not in a range (example: \$80.00).
2. All job titles must have a corresponding rate to be considered a responsive proposal. Failure to indicate a billing rate for any job title listed may be grounds to reject the entire proposal.
3. Do not change or edit this form.

*Evaluation process:* The basis of the evaluation and subsequent award of points for the billing rates which shall serve as the Cost Proposal shall be a blended hourly rate of the personnel job titles listed. The blended 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 personnel rates. The lowest cost proposal (blended hourly rate) submitted will receive the maximum points available. The points awarded for the remaining cost proposals will be calculated by identifying the ratio of the lowest cost proposal to the cost proposal being evaluated and multiplying that ratio by the maximum number of points available.

**Personnel Rate Table**

Service Type	Job Title	Personnel Weight Factor	Proposed Billing Rate
Construction Project Management Services	Project Director	10%	
	Project Manager (pre-construction)	20%	
	Construction Manager	20%	
	Project Engineer	25%	
	Document Control/Administrative Staff	5%	
Commissioning Services	MEP Commissioning Firm	0%	
	Building Envelope Commissioning Firm	0%	
	Controls/BMS Firm	0%	
Cost Estimating Services	Cost Estimator	10%	
Scheduling Services	Scheduler	10%	

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**END OF ATTACHMENT**