



THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING  
COMMISSION  
*Department of Parks and Recreation*  
6600 Kenilworth Avenue Riverdale, Maryland 20737

December 9, 2019

**For The Attention of All Proposers:**

**RE: RFP Number: P40-118  
Professional Consulting Services for Feasibility Studies at Various  
Locations in Prince George's County, MD.**

**Subject: Addendum Number One (1)**

The following information related to the above project is provided to all prospective Proposers:

1. **Revise:** The Pre-Proposal Meeting is December 18, 2019 at 1:00 P.M.
2. **CHANGE:** Contact information, page 2 of 56 and page 34 of 56, **CHANGE** Pamela Graves to Natasha Newton.
3. Transmitted herewith, is a **REVISED** Pricing Schedule.

All other terms and conditions apply.

Proposers must acknowledge receipt of this amendment by:

1. Signing below and returning this letter with our proposal submittal; or
2. Indicating receipt of this Addendum by identifying Addendum Number and date.

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**Receipt Acknowledged by  
Authorized Company Official**

*Natasha Newton*  
**Natasha Newton  
Sr. Procurement Specialist**

END OF Addendum One (1)

**PRICING SCHEDULE  
FEASIBILITY STUDY FOR  
MULTIGENERATIONAL CENTER IN SERVICE  
AREA 4  
RFP #P40-118**

<u>Tasks/Deliverables</u>	<u>All-Inclusive Proposed Costs</u>
<b>Task A: Demographics, Trends, and Needs Analysis</b>	\$ lump sum
<b>Task B: Facility Requirements and Programmatic Analysis</b>	\$ lump sum
<b>Task C: Real Estate Analysis/Site Evaluation</b>	\$ lump sum
<b>Task D: Conceptual Design</b>	\$ lump sum
<b>Task E: Cost Estimates and Funding Sources</b>	\$ lump sum
<b>Task F: Preparation of a Draft Feasibility Studies and Implementation Schedule</b>	\$ lump sum
<b>Task G: Preparation of a Final Feasibility Studies and Implementation Schedule</b>	\$ lump sum
<b>All-Inclusive Total Lump Sum Fee for Tasks A through G</b>	\$ _____ <i>Total</i>
<b>Meeting Allowance:</b>	\$10,000
<b>All-Inclusive Total Lump Sum Fee: TASKS A-G + Meetings Allowance</b>	\$
<b>Add Alternate: Operational Management Plan</b>	\$ lump sum

The Offeror certifies that this cost proposal is made without any previous understanding, agreement, or connection with any person, firm, or corporation making a bid for the same project, without prior knowledge of competitive prices, and is in all respects fair, without outside control, collusion, fraud, or other illegal action. M-NCPPC reserves the right to award all or part of the Scope of Work of this RFP. Please submit a separate cost for each deliverable. Offeror must fully complete all information below.

**Note:** *The cost for each of the Tasks listed above should be inclusive of direct costs. If proposal includes subcontracting for part of the work, please provide a breakdown of the prime costs and the subcontractor costs by Task. All costs must include hourly rates.*

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

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

(Signature)

(Printed Name/Title)

**PROPOSAL FORM/FEE SCHEDULE (Hourly Billing Rate)**

The hourly rates shall be identified according to the following labor titles. Offeror shall provide a rate for each labor and task title, as applicable. The hourly rate shall include all mark-ups and "factors" including profit, overhead, insurance, and direct labor costs.

Submit a copy of this form for each sub consultant. Additional labor titles and rates may be included. Reimbursables/miscellaneous costs/expenses (travel, mailing, printing) shall be billed separately, but must be identified or estimated on each proposal submitted for a specific task order.

Labor Category	Hourly Rate
Project Director/Project Manager	\$
Registered Professional Engineer	\$
Staff Engineer	\$
Engineer - Water Resources	\$
Engineering Technician	\$
Environmental Scientist	\$
Planner	\$
Planning Technician	\$
Landscape Architect	\$
Cost Estimator	\$
Drafter/CAD Operator	\$
Clerical	
<b>Other (Identify)</b>	\$
<b>Other (Identify)</b>	
<b>Other (Identify)</b>	
<b>Other (Identify)</b>	

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

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_