

Attach To Contract Document
New York City Department of Transportation
Executive Office

REQUEST FOR PROPOSALS

FOR

TO PROVIDE A
STANDARDIZED PEDESTRIAN WAYFINDING SYSTEM
IN THE CITY OF NEW YORK
P.I.N. 84111MBAD072
E-PIN: 84111M0001

Addendum No. 4
August 5, 2011

This Addendum Is Hereby Made Part of the Contract Documents

Attached please find:

- 1. Addendum No. 4 – Notice to Proposers**
- 2. Questions & Answers**
- 3. Revised Questions & Answers from Addendum #2**
- 4. Revised Section VIID - (Forms 4T1R2, 4T2R2, 4T2aR2) of the RFP (Pages 86R2 – 88R2)**
- 5. DBE forms required with proposal**
- 6. Acknowledgement Receipt**

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NOTICE TO PROPOSERS

1. Respondents are requested to submit the following attached DBE forms with their proposals:

- "DBE Utilization Goals for FTA Projects" form
- The "DBE Participation (Form 6T)" and
- The "Bidder's List" form.

REFER TO: ADDENDUM #2, QUESTION & ANSWER 84

DELETE QUESTION & ANSWER 84 And

REPLACE: With the Revised QUESTION & ANSWER 84, Attached

REFER TO: ADDENDUM #2, QUESTION & ANSWER 85

DELETE QUESTION & ANSWER 85 And

REPLACE: With the Revised QUESTION & ANSWER 85, Attached

REFER TO: REQUEST FOR PROPOSALS, SECTION VII.D – (FORMS 4T1,4T2, 4T2A)

DELETE the SECTION VII.D – (FORMS 4T1,4T2, 4T2A) in its ENTIRETY And

REPLACE: With the Revised VII.D – (FORMS 4T1R2, 4T2R2, 4T2AR2, Attached)

Questions & Answers
Addendum #4 (August 5, 2011)

Q1: How do we handle Form 4T2 if one of our subconsultants does not charge by the hour?

Translation services for written material (such as surveys) is billed by the word. We have no way of knowing yet what the scale of the translation/interpretation requirements might be, but the cost is too large to be absorbed in the expense budget (assuming that budget is \$50K for all tasks 1-9).

A1: Please estimate the hourly rate for translation services. We understand that the exact amount of work involved is not yet known, but seeing your hourly rate and your best estimate of the total will be useful.

Q2: How do we handle the form if we have more than 8 job titles?

From the way we are interpreting the form and calculations required for Columns 2 and 3, it appears we are limited to using 8 job titles for all personnel of both the consultant and subconsultants firms who are expected to be involved. With the variety of services required, it will be a challenge to cover all the roles with just 8 titles.

A2: Please add additional rows for additional job titles as necessary. You can also use additional sheets, if required.

Q3: How many separate, sealed envelopes in total are expected with the Proposal?

A3: Please see proposal package contents (checklist) page 22R1 in addendum #2. In addition to the one original and four copies of the technical proposal (including the DBE forms) there should be:

- **One separate sealed envelope for Procedural Forms (including Attachments A, B & C)**
- **One separate sealed envelope for the Price Proposal**
- **One separate sealed envelope for LL34 compliance - Doing Business Data Form (Attachment D)**

Questions & Answers
Addendum #4 (August 5, 2011)

Revised Questions & Answers from Addendum #2

Q84: The RFP page 27 states a budget of \$50,000 for expenses. Is this the expense budget for Tasks 1-4 & 6 *only*, or for *all* Tasks 1-9?

A84: The \$50,000 is the expense budget for Tasks 1, 3, 4 and 6.

Q85: Confirm that professional services are in addition to the estimated budgetary allowance of \$9,340,000 and out-of-pocket allowance of \$50,000.

A85: Yes, the professional services for Tasks 1-4 and Task 6 are in addition to the estimated budget allowance of \$9,340,000. The out of pocket allowance of \$50,000 as stipulated on page 28 of the RFP is for Tasks 1, 3, 4 and 6. All costs for professional services to be performed in Tasks 2, 5, 7, 8, and 9 are included in the budgetary allowance of \$9,340,000 specified in the RFP.

FORM 4T1 – LABOR PRICE PROPOSAL

For **Tasks 1, 3, 4, and 6** listed in this RFP, please fully complete this form for each such **Task** and for each proposing firm (prime and sub-consultants).

PROJECT NAME: _____ PIN: _____
 TASK : _____

PRIME CONSULTANT: _____ CONTRACT NO.: _____

CONSULTANT ON THIS FORM: PROFESSIONAL ENGINEERING/ARCHITECTURAL SERVICES
 OTHER/ _____

<u>(COLUMN 1)</u>	<u>(COLUMN 2)</u>	<u>(COLUMN 3)</u>	<u>(COLUMN 4)</u>
<u>JOB TITLE</u>	<u>HOURS THIS FIRM</u>	<u>HOURLY RATE (FY 2011)</u>	<u>LABOR COST COL2 X COL3</u>
1	_____	_____	\$ _____
2	_____	_____	\$ _____
3	_____	_____	\$ _____
4	_____	_____	\$ _____
5	_____	_____	\$ _____
6	_____	_____	\$ _____
7	_____	_____	\$ _____
8	_____	_____	\$ _____
<u>TOTALS</u>	_____	_____	\$ _____ (T)

INTERIM OVERHEAD FACTOR _____ **(A)**

PROFIT FACTOR _____ **(B)**

INTERIM MULTIPLIER _____ **(1+A)X(1+B) = M**

TOTAL LABOR COST (T x M) \$ _____ **(C)**

INSTRUCTIONS:

1. If a team has three companies (a prime and two subs) each of the three will submit a Form 4T1 for each Task (Task 1, 3, 4, and 6). There will be 12 Form 4T1s expected (3 companies x 4 tasks). The selected vendor will be expected to provide detailed budget information for each subtask.
2. For Column (3), use actual average salary rates for firm for each job title. If a firm has three designers, two of whom make the same rate, the total hours for the two similarly paid designers should be on one line and the hours for the third designer should be on the second line.
3. The labor costs to be included in Column (4) are obtained by multiplying the hours in Column (2) by the average hourly rate in Column (3).
4. Interim Multiplier (M) shall be rounded off to three (3) decimal figures. Total Labor Cost (C) and Column 3 & Column 4 entries shall be rounded off to two (2) decimal places.
5. The agency will consider the proposed interim multiplier for establishing Total Contract Fee (including direct technical labor (Column 4), interim overhead & Maximum Profit of 10%). The interim multiplier will be based on currently available information on Consultant Company's overhead and profit. This multiplier is subject to audit and revision in accordance with applicable NYC Comptrollers' Directive on an annual basis when the actual overhead information for the respective year becomes available. Suitable adjustments to the previous payments will be made accordingly upon completion of contract and when multiplier information is available. As needed, the additional fund for the overhead and profit will be added via Change Order by the Agency at the discretion of the Agency.

FORM 4T2 – PRICE PROPOSAL SUMMARY

For **Tasks 1, 3, 4, and 6** listed in this RFP, please fully complete this form for each such **Task**.

PROJECT NAME: _____

PIN: _____

TASK: _____

PRIME CONSULTANT: _____ CONTRACT NO.: _____

	<u>(COLUMN 1)</u>	<u>(COLUMN 2)</u>	<u>(COLUMN 3)</u>	<u>(COLUMN 4)</u>	<u>(COLUMN 5)</u>
	<u>CONSULTANT</u>	<u>HOURS</u>	<u>LABOR COST</u>	<u>DIRECT NON-SALARY COST</u>	<u>TOTAL COST</u>
1	_____	_____	\$ _____	\$ _____	\$ _____
2	_____	_____	\$ _____	\$ _____	\$ _____
3	_____	_____	\$ _____	\$ _____	\$ _____
4	_____	_____	\$ _____	\$ _____	\$ _____
5	_____	_____	\$ _____	\$ _____	\$ _____
6	_____	_____	\$ _____	\$ _____	\$ _____
7	_____	_____	\$ _____	\$ _____	\$ _____
8	_____	_____	\$ _____	\$ _____	\$ _____
	TOTALS				(T)
	OUT OF POCKET COSTS				
	BUDGETARY ALLOWANCE			See instruction 4 below.	\$9,340,000.00 (see instruction 5 below)
	GRAND TOTAL				

INSTRUCTIONS:

1. If a team has three companies (a prime and two subs) they will submit ONE Form 4T2 for each Task (Task 1, 3, 4, and 6). There will be 4 Form 4T2s expected (1 per task). The selected vendor will be expected to provide detailed budget information for each subtask.
2. The costs entered in Column 3 are the totals shown on line (C) of Form 4T-1 "Labor Price Proposal" for each consultant on the project team.
3. Do not fill in highlighted areas.
4. Each team should submit for \$50,000 in Total Direct Non-Salary Cost s. It is up each team how costs are distributed among the members and the tasks.
5. Subject to revision based on available funding.

FORM 4T2a – GRAND TOTAL PRICE PROPOSAL SUMMARY
Please complete this form for **Tasks 1, 3, 4, and 6** listed in this RFP

PROJECT NAME: _____

PIN: _____

PRIME CONSULTANT: _____ **CONTRACT NO.:** _____

(COLUMN 1)

(COLUMN 2)

TASK

GRAND TOTAL COST

Task 1

\$ _____

Task 3

\$ _____

Task 4

\$ _____

Task 6

\$ _____

PROJECT TOTAL

\$

INSTRUCTIONS:

1. Each team will submit only one Form 4T2a.
2. The costs entered in Column 2 are the Grand Totals shown on Column 5 of Form 4T-2 "Price Proposal Summary" for each of the **Tasks** (Tasks 1, **3, 4 & 6**).

DBE forms to be submitted with proposal

SECTION VIIC
FORM 6T

DBE PARTICIPATION

PROJECT NAME:

PIN NO.: _____

CONTRACT NO.:

CONSULTANT: _____

The NYC Department of Transportation requires firms to meet New York State's Disadvantaged Business Enterprise (DBE) utilization goal of 11%. The successful proposers must show good faith efforts that it attempted to meet the DBE goal.

Participation by DBE Consultants: **Is being proposed**

Attach the following:

1. Name(s) and Address(es) of proposed DBE firms.

2. Percentage(s) of assigned participation.

3. NYS DBE Certification(s)*.

- ◆ List of certified DBE firms can be obtained from the following website:
<http://biznet.nysucp.net/>

BIDDER'S LIST FORM

**(To Be Filled Out by Each Prime Contractor for each Federally Funded Project)
FOR INFORMATION PURPOSES ONLY**

PROJECT

DATE OF BID OPENING

NAME OF BIDDER	TRADE	SUB-CONTRACTORS	WORK TO BE TRADE PERFORMED PER SPECIFICATION
		(check if sub-contractors are DBE)	
		<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"/>	- - - - -

DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION GOALS

**For
Federal Transit Administration Projects
New York City Department of Transportation**

The New York City Department of Transportation has established the following Disadvantaged Business Enterprise (DBE) utilization goal for this contract. The goal is expressed as a percentage of the total federal share of the contract. It is the Contractor's responsibility to secure DBE participation in the contract work to satisfy this goal, and to document acceptable good-faith efforts taken to fulfill the goal. Utilization is measured as the amount actually paid to DBE's, not the contract bid price for the work.

Disadvantaged Business Enterprise Utilization Goal: 11%

A list of currently certified Disadvantaged Business Enterprises - Construction Related Firms can be obtained by contacting any of the following:

MTA - New York City Transit
Office of Business Programs
2 Broadway - 16th Floor
New York, NY 10004
Telephone: (646) 252-1372

Niagara Frontier Transportation Authority
181 Ellicott Street
Buffalo, New York 14203
Telephone: (716) 855-7300

**New York State Department
Of Transportation**

Contract Audit Bureau DBE Unit
50 Wolf Road, 1st Floor South
Albany, New York 12232
Fax: 518-457-1675
Telephone: (518) 457-9679

**Port Authority of NY & NJ
Office of Civil Rights**
2 Broadway, 16th Floor
New York, New York 10004
Telephone: 646-252-1378

Or go to the Unified Certification Program for NYS on the Web: <http://biznet.nysucp.net/>.

Disadvantaged Business Enterprise Officer

The Bidder shall designate and enter below the name of the Disadvantaged Business Enterprise Officer who will have the responsibility for effectively administering and promoting an active Disadvantaged Business Enterprise Program at its firm and who must be assigned adequate authority and responsibility to do so.

Bidder Designated DBE Officer: _____
Name, Title

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

RETURN THIS PAGE WITH BID

**THE CITY OF NEW YORK
DEPARTMENT OF TRANSPORTATION
Executive Office**

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDUM #4

REQUEST FOR PROPOSAL

FOR

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**Addendum No. 4
August 5, 2011**

**TOGETHER WITH ALL WORK INCIDENTAL THERETO BOROUGHES OF MANHATTAN
AND BROOKLYN**

**I, _____
NAME AND TITLE**

**_____
A duly authorized representative of
(NAME OF PROPOSER)**

**Acknowledge receipt of Addendum No. 4 dated 8/5/11 for the Contract
P.I.N. No. 84111MBAD072 for which Proposals will be received
By 2:00 PM on August 17, 2011.**