



RFP #21-018 Consultants for Land Use and Zoning, Choice Neighborhood Initiatives, Affordable Housing Project Management, and Affordable Housing Financial Consulting

Addendum #1

Date issued and released, August 31, 2021

Changes to the RFP:

The following changes have been made to the Attachment A - Proposed Cost Form:

Hourly Rates for the Initial Term (2 years) of the Contract

Title	Area 1	Area 2	Area 3	Area 4	Total Rates Across all Areas	Estimated Hours 100*	Total (Total Hourly rates x by 100 hours)
Director/ Principal					\$0.00	100	\$ 0.00
Senior Associate /Senior Project Mgr.					\$0.00	100	\$ 0.00
Associate / Project Mgr.					\$ 0.00	100	\$ 0.00
Analyst					\$ 0.00	100	\$ 0.00
Administrative Support					\$ 0.00	100	\$ 0.00
Travel Cost					\$ 0.00	100 N/A	\$ 0.00
Misc. Fees**					\$ 0.00	100 N/A	\$ 0.00
Grand Total: (Add all total columns)		\$ 0.00					

*Estimated Hours are being used for comparison purposes only

**Please identify Misc. Fees on a separate form and include with your Fee Schedule

Please use Revised Attachment A attached to this Addendum in Exhibit A when submitting your proposal.

Responses to Questions:

The following questions were submitted by the deadline and are answered in this addendum.

Question #1: Does Section 3 apply to consulting practices with staff in a different county?

Answer #1: Professional service contracts for non-construction services that require an advanced degree or professional licensing are not required to be reported as a part of total Section 3 labor hours.

Question #2: When are insurance requirements due, at time of bidding, or in the event that consultant would be retained as a consultant?

Answer #2: Insurance requirement is due once you have been retained as a consultant.



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Date issued and released, August 31, 2021

Proposer hereby acknowledges this addendum:

Name of Firm: _____

Authorized Signature: _____

Date: _____

Acknowledgement of this Addendum MUST be included with your proposal.

Exhibit A

Attachment A - Revised Proposed Cost Form

ATTACHMENT A
Revised Proposed
Cost Form

SPECIALTY AREAS

- SPECIALIZATION (1) – LAND USE AND ZONING ANALYST
- SPECIALIZATION (2) – CHOICE NEIGHBORHOOD INITIATIVES PLANNING CONSULTANT
- SPECIALIZATION (3) – AFFORDABLE HOUSING PROJECT MANAGEMENT CONSULTANT
- SPECIALIZATION (4) – FINANCIAL CONSULTING

Hourly Rates for the Initial Term (2 years) of the Contract

Title	Area 1	Area 2	Area 3	Area 4	Total Rates Across all Areas	Estimated Hours 100*	Total (Total Hourly rates x by 100 hours)
Director/ Principal					\$0.00	100	\$ 0.00
Senior Associate /Senior Project Mgr.					\$0.00	100	\$ 0.00
Associate / Project Mgr.					\$ 0.00	100	\$ 0.00
Analyst					\$ 0.00	100	\$ 0.00
Administrative Support					\$ 0.00	100	\$ 0.00
Travel Cost					\$ 0.00	N/A	\$ 0.00
Misc. Fees**					\$ 0.00	N/A	\$ 0.00
Grand Total: (Add all total columns)		\$: <u>\$ 0.00</u>					

*Estimated Hours are being used for comparison purposes only

**Please identify Misc. Fees on a separate form and include with your Fee Schedule

Hourly Rates for Option Year One (1) of the Contract

Title	Area 1	Area 2	Area 3	Area 4	Total Rates Across all Areas	Estimated Hours 100*	Total (Total Hourly rates x by 100 hours)
Director/ Principal					\$ 0.00	100	\$ 0.00
Senior Associate /Senior Project Mgr.					\$ 0.00	100	\$ 0.00
Associate / Project Mgr.					\$ 0.00	100	\$ 0.00
Analyst					\$ 0.00	100	\$ 0.00
Administrative Support					\$ 0.00	100	\$ 0.00
Travel Cost					\$ 0.00	N/A	\$ 0.00
Misc. Fees**					\$ 0.00	N/A	\$ 0.00
Grand Total: (Add all total columns)		\$: _____ \$ 0.00					

Hourly Rates for Option Year Two (2) of the Contract

Title	Area 1	Area 2	Area 3	Area 4	Total Rates Across all Areas	Estimated Hours 100*	Total (Total Hourly rates x by 100 hours)
Director/ Principal					\$ 0.00	100	\$ 0.00
Senior Associate /Senior Project Mgr.					\$ 0.00	100	\$ 0.00
Associate / Project Mgr.					\$ 0.00	100	\$ 0.00
Analyst					\$ 0.00	100	\$ 0.00
Administrative Support					\$ 0.00	100	\$ 0.00
Travel Cost					\$ 0.00	N/A	\$ 0.00
Misc. Fees**					\$ 0.00	N/A	\$ 0.00
Grand Total: (Add all total columns)		\$: _____ \$ 0.00					

*Estimated Hours are being used for comparison purposes only

**Please identify Misc. Fees on a separate form and include with your Fee Schedule

Hourly Rates for Option Year Three (3) of the Contract

Title	Area 1	Area 2	Area 3	Area 4	Total Rates Across all Areas	Estimated Hours 100*	Total (Total Hourly rates x by 100 hours)
Director/ Principal					\$ 0.00	100	\$ 0.00
Senior Associate /Senior Project Mgr.					\$ 0.00	100	\$ 0.00
Associate / Project Mgr.					\$ 0.00	100	\$ 0.00
Analyst					\$ 0.00	100	\$ 0.00
Administrative Support					\$ 0.00	100	\$ 0.00
Travel Cost					\$ 0.00	N/A	\$ 0.00
Misc. Fees**					\$ 0.00	N/A	\$ 0.00
Grand Total: (Add all total columns)		\$: _____ \$ 0.00					

*Estimated Hours are being used for comparison purposes only

**Please identify Misc. Fees on a separate form and include with your Fee Schedule

Respondent Name:

Authorized Signature:

Title: _____ **Date:** _____**Address:**

Telephone: _____ **Email:** _____