

ADDENDUM NO. 2



Engineering Department - (559) 637-4200 - FAX (559) 637-2139 - www.Reedley.com
1733 Ninth Street
Reedley, California 93654

Engineering Department
John S. Robertson, P.E., City Engineer

ADDENDUM NO. 2

REQUEST FOR QUALIFICATIONS FOR MANNING AVENUE IMPROVEMENT PHASE 1 DESIGN SERVICES

REQUEST FOR QUALIFICATIONS (RFQ) NO. 5216(050)

NOTICE TO ALL PROPOSERS

This Addendum is attached to and made a part of the above entitled specifications for the City of Reedley with a scheduled proposal opening of Friday, December 1, 2017 prior to 4:00 P.M.

All changes and or clarifications will appear in **bold underlined type, and deletions struck out.**

CONTRACT DOCUMENTS AND SPECIFICATIONS:

Reference Fee Schedule, Pages 15 - 17: Replace pages 15 – 17 with attached revised pages. Proposers to submit only page 15 in separate seal envelope clearly marked with FEE SCHEDULE and Firm's Name.

Reference Article VI, COST PRINCIPLES AND ADMINISTRATIVE REQUIREMENTS Page, 48, Paragraphs B & C:

- B. CONSULTANT also agrees to comply with federal procedures in accordance with ~~49 CFR, Part 18~~ **2 CFR 200**, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments.
- C. Any costs for which payment has been made to CONSULTANT that are determined by subsequent audit to be unallowable under ~~49 CFR, Part 18~~ **2 CFR 200** and 48 CFR, Federal Acquisition Regulations System, Chapter 1, Part 31.000 et seq., are subject to repayment by CONSULTANT to CITY.

Reference Article XIII, EQUIPMENT PURCHASES, Page 52, Paragraph C:

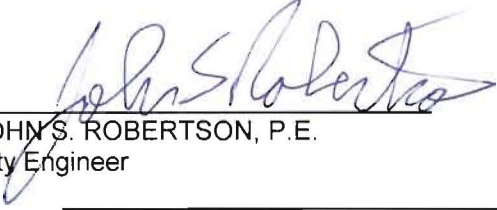
- C. Appraisals shall be obtained from an appraiser mutually agreeable to by CITY and CONSULTANT, if it is determined to sell the equipment, the terms and conditions of such sale must be approved in advance by CITY.” ~~49 CFR, Part 18~~ **2 CFR 200** requires a credit to Federal funds when participating equipment with a fair market value greater than \$5,000 is credited to the project.

The following Exhibits are included in this RFQ (5216(050)):

- Exhibit 10-A A&E Consultant Audit Request, pages 76.1 & 76.2.
- Exhibit 10-K Consultant Certification of Contract Costs and Financial Management System, pages 17.1 & 17.2
- Exhibit 10-O1 Consultant Proposal DBE Commitment, pages 71.1 & 71.2.
- Exhibit 15-H DBE Information – Good Faith Efforts, pages 73.1 – 73.3.

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City of Reedley,



JOHN S. ROBERTSON, P.E.
City Engineer

The bidder shall sign below indicating he/she has thoroughly read and understands the contents of this Addendum.

Signed: _____

Company: _____

This addendum is being distributed ONLINE only and will not be sent by U.S. Mail. The bidder shall submit a signed copy of this addendum with their bid.

Addenda to date: 2
November 27, 2017

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(Submit with Proposal)

Proposer's Name: _____

MANNING AVENUE IMPROVEMENTS PHASE 1 DESIGN SERVICES

PROPOSAL FILE NO. 5216(050)

TO THE PROPOSAL CONTACT, CITY OF REEDLEY

FEE SCHEDULE

ACTUAL COST-PLUS-FIXED FEE

Note: Mark-ups are Not Allowed

Consultant _____ Contract No. _____ Date _____

DIRECT LABOR

Classification/Title	Name	Hours	Actual Hourly Rate	Total
		TBD	\$ _____	\$ TBD
		TBD	\$ _____	\$ TBD
		TBD	\$ _____	\$ TBD
		TBD	\$ _____	\$ TBD
		TBD	\$ _____	\$ TBD

(Add additional lines as needed)

LABOR COSTS

- a) Subtotal Direct Labor Costs \$ TBD
- b) Anticipated Salary Increases (see page 2 for sample) \$ _____
- c) **TOTAL DIRECT LABOR COSTS [(a) + (b)]** **\$ TBD**

FRINGE BENEFITS

- d) Fringe Benefits (Rate: _____%) e) **TOTAL FRINGE BENEFITS**
- [(c) x (d)] \$ _____

INDIRECT COSTS

- f) Overhead (Rate: _____%) g) Overhead [(c) x (f)] \$ _____
- h) General and Administrative (Rate: _____%) i) Gen & Admin [(c) x (h)] \$ _____
- j) **TOTAL INDIRECT COSTS [(e) + (g) + (i)]** **\$ _____**

FEE (Profit)

- q) (Rate: _____%) k) **TOTAL FIXED PROFIT [(c) + (j)] x (q)** \$ _____

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OTHER DIRECT COSTS (ODC)

Description	Unit(s)	Unit Cost	Total
l) Travel/Mileage Costs (supported by consultant actual costs)	<u>TBD</u>	\$ _____	\$ _____
m) Equipment Rental and Supplies (itemize)	<u>TBD</u>	\$ _____	\$ _____
n) Permit Fees (itemize), Plan sheets (each), Test Holes (each), etc.	<u>TBD</u>	\$ _____	\$ _____
o) Subconsultant Costs (attach detailed cost proposal in same format as prime consultant estimate for each subconsultant)	<u>TBD</u>	\$ _____	\$ _____
p) TOTAL OTHER DIRECT COSTS [(l) + (m) + (n) + (o)]			\$ _____
TOTAL COST [(c) + (j) + (k) + (p)]			\$ _____

NOTES:

- Employees subject to prevailing wage requirements to be marked with an *.
- ODC items should be based on actual costs and supported by historical data and other documentation.
- ODC items that would be considered “tools of the trade” are not reimbursable.
- ODC items should be consistently billed directly to all clients, not just when client will pay for them as a direct cost.
- ODC items when incurred for the same purpose, in like circumstances, should not be included in any indirect cost pool or in overhead rate.

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ACTUAL COST-PLUS-FIXED FEE OR LUMP SUM (FIRM FIXED PRICE) CONTRACTS

(SAMPLE CALCULATIONS FOR ANTICIPATED SALARY INCREASES)

Consultant _____

Contract No. _____ Date _____

Calculate Average Hourly Rate for 1st year of the contract (Direct Labor Subtotal divided by total hours)

Direct Labor Subtotal per Cost Proposal	Total Hours per Cost Proposal	=	Avg Hourly Rate	5 Year Contract Duration Year 1 Avg Hourly Rate

1. Calculate hourly rate for all years (Increase the Average Hourly Rate for a year by proposed escalation %)

	Avg Hourly Rate		Proposed Escalation			
Year 1		+	0.00%	=		
Year 2		+	0.00%	=		
Year 3		+	0.00%	=		
Year 4		+	0.00%	=		

2. Calculate estimated hours per year (Multiply estimate % each year by total hours)

	Estimated % Completed Each Year		Total Hours per Cost Proposal		Total Hours per Year	
Year 1	0.0%	*		=	0	
Year 2	0.0%	*		=	0	
Year 3	0.0%	*		=	0	
Year 4	0.0%	*		=	0	
Year 5	0.0%	*		=	0	
Total	0%			=		

3. Calculate Total Costs including Escalation (Multiply Average Hourly Rate by the number of hours)

	Avg Hourly Rate (calculated above)		Estimated hours (calculated above)		Cost per Year	
Year 1		*	0	=	\$ 0.00	
Year 2		*	0	=	\$ 0.00	
Year 3		*	0	=	\$ 0.00	
Year 4		*	0	=	\$ 0.00	
Year 5		*	0	=	\$ 0.00	
	Total Direct Labor Cost with Escalation			=	\$ 0.00	
	Direct Labor Subtotal before Escalation			=		
	Estimated total of Direct Labor Salary Increase			=	0.00	Transfer to Page 1

NOTES:

- This is not the only way to estimate salary increases. Other methods will be accepted if they clearly indicate the % increase, the # of years of the contract, and a breakdown of the labor to be performed each year.
- An estimation that is based on direct labor multiplied by salary increase % multiplied by the # of years is not acceptable. (i.e. \$250,000 x 2% x 5 yrs = \$25,000 is not an acceptable methodology)
- This assumes that one year will be worked at the rate on the cost proposal before salary increases are granted.

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EXHIBIT 10-K CONSULTANT CERTIFICATION OF CONTRACT COSTS AND FINANCIAL MANAGEMENT SYSTEM

(Note: If requesting to utilize the Safe Harbor Indirect Cost Rate submit Attachment 1 of DLA-OB 13-07 - Safe Harbor Indirect Cost Rate for Consultant Contracts found at http://www.dot.ca.gov/hq/LocalPrograms/DLA_OB/DLA_OB.htm in lieu of this form.)

Certification of Final Indirect Costs:

Consultant Firm Name: _____

Indirect Cost Rate: _____ * for fiscal period _____

*Fiscal period covered for Indirect Cost Rate developed (not the contract period).

Local Government: _____

Contract Number: _____ Project Number: _____

I, the undersigned, certify that I have reviewed the proposal to establish final indirect cost rates for the fiscal period as specified above and to the best of my knowledge and belief:

1. All costs included in this proposal to establish final Indirect Cost Rates are allowable in accordance with the cost principles of the Federal Acquisition Regulations (FAR) of Title 48, Code of Federal Regulations (CFR), Part 31.
2. This proposal does not include any costs which are expressly unallowable under the cost principles of the FAR of 48 CFR, Part 31.

All known material transactions or events that have occurred affecting the firm's ownership, organization, and Indirect Cost Rates have been disclosed as of the date of proposal preparation noted above.

Certification of Financial Management System:

I, the undersigned, certify to the best of my knowledge and belief that our Financial Management System meets the standards for financial reporting, accounting records, internal and budget control as set forth in the FAR of Title 49, CFR, Part 18.20 to the extent applicable to Consultant.

Certification of Dollar Amount for all A&E Contracts:

I, the undersigned, certify that the approximate dollar amount of all A&E contracts awarded by Caltrans or a California local agency to this firm within the last three (3) calendar years for all State DOT and Local Agencies is \$ _____ and the number of states in which the firm does business is _____.

Certification of Direct Costs:

I, the undersigned, certify to the best of my knowledge and belief that all direct costs identified on the cost proposal(s) in this contract are reasonable, allowable and allocable to the contract in accordance with the cost principles of the FAR of Title 48, CFR, Part 31. Allowable direct costs to a Government contract shall be:

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1. Compliant with Generally Accepted Accounting Principles (GAAP) and standards promulgated by the Cost Accounting Standards Board (when applicable).
2. Compliant with the terms of the contract and is incurred specifically for the contract.
3. Not prohibited by 23 CFR, Chapter 1, Part 172 – Administration of Engineering and Design Related Service Contracts to the extent requirements are applicable to Consultant.

All costs must be applied consistently and fairly to all contracts. All documentation of compliance must be retained in the project files.

Subconsultants (if applicable)

Proposed Contract Amount (or amount not to exceed if on-call contract): \$ _____

Prime Consultants (if applicable)

Proposed **Total** Contract Amount (or amount not to exceed if on-call contract): \$ _____

Prime, list all subconsultants and proposed subcontract dollar amounts (attach additional page if necessary):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Consultant Certifying (Print Name and Title):

Name: _____

Title: _____

Consultant Certification Signature **: _____

Date of Certification (mm/dd/yyyy): _____

Consultant Contact Information:

Email: _____

Phone number: _____

**An individual executive or financial officer of the consultant’s organization at a level no lower than a Vice President or Chief Financial Officer, or equivalent, who has authority to represent the financial information utilized to establish the Indirect Cost Rate proposal submitted in conjunction with the contract.

Note: *Per 23 U.S.C. 112(b)(2)(B), Subconsultants must comply with the FAR Cost Principles contained in 48 CFR, Part 31. 23 CFR Part 172.3 Definitions state: Consultant means the individual or firm providing engineering and design related services as a party to the contract. Therefore, subconsultants as parties of a contract must complete a certification and send originals to A&I and keep copies in Local Agency Project Files.*

Distribution: 1) Original to Caltrans Audits and Investigations
2) Retained in Local Agency Project Files

Proposer's Name: _____

EXHIBIT 10-01 CONSULTANT PROPOSAL DBE COMMITMENT

1. Local Agency: City of Reedley
 3. Project Description: Manning Ave Improvements Phase 1
 4. Project Location: City of Reedley
 5. Consultant's Name: _____

2. Contract DBE Goal: 3%
 6. Prime Certified DBE:

7. Description of Work, Service, or Materials Supplied	8. DBE Certification Number	9. DBE Contact Information	10. DBE %
Local Agency to Complete this Section			
17. Local Agency Contract Number: _____			
18. Federal-Aid Project Number: <u>5216(050)</u>			11. TOTAL CLAIMED DBE PARTICIPATION
19. Proposed Contract Execution Date: _____			
Local Agency certifies that all DBE certifications are valid and information on this form is complete and accurate.			%
20. Local Agency Representative's Signature		21. Date	11. TOTAL CLAIMED DBE PARTICIPATION
22. Local Agency Representative's Name		23. Phone	
24. Local Agency Representative's Title		12. Preparer's Signature	13. Date
22. Local Agency Representative's Name		14. Preparer's Name	15. Phone
24. Local Agency Representative's Title		16. Preparer's Title	

DISTRIBUTION: Original – Included with consultant’s proposal to local agency.

ADA Notice: For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654- 3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

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INSTRUCTIONS – CONSULTANT PROPOSAL DBE COMMITMENT

CONSULTANT SECTION

1. **Local Agency** - Enter the name of the local or regional agency that is funding the contract.
2. **Contract DBE Goal** - Enter the contract DBE goal percentage as it appears on the project advertisement.
3. **Project Description** - Enter the project description as it appears on the project advertisement (Bridge Rehab, Seismic Rehab, Overlay, Widening, etc.).
4. **Project Location** - Enter the project location as it appears on the project advertisement.
5. **Consultant's Name** - Enter the consultant's firm name.
6. **Prime Certified DBE** - Check box if prime contractor is a certified DBE.
7. **Description of Work, Services, or Materials Supplied** - Enter description of work, services, or materials to be provided. Indicate all work to be performed by DBEs including work performed by the prime consultant's own forces, if the prime is a DBE. If 100% of the item is not to be performed or furnished by the DBE, describe the exact portion to be performed or furnished by the DBE. See LAPM Chapter 9 to determine how to count the participation of DBE firms.
8. **DBE Certification Number** - Enter the DBE's Certification Identification Number. All DBEs must be certified on the date bids are opened.
9. **DBE Contact Information** - Enter the name, address, and phone number of all DBE subcontracted consultants. Also, enter the prime consultant's name and phone number, if the prime is a DBE.
10. **DBE %** - Percent participation of work to be performed or service provided by a DBE. Include the prime consultant if the prime is a DBE. See LAPM Chapter 9 for how to count full/partial participation.
11. **Total Claimed DBE Participation %** - Enter the total DBE participation claimed. If the total % claimed is less than item "Contract DBE Goal," an adequately documented Good Faith Effort (GFE) is required (see Exhibit 15-H DBE Information - Good Faith Efforts of the LAPM).
12. **Preparer's Signature** - The person completing the DBE commitment form on behalf of the consultant's firm must sign their name.
13. **Date** - Enter the date the DBE commitment form is signed by the consultant's preparer.
14. **Preparer's Name** - Enter the name of the person preparing and signing the consultant's DBE commitment form.
15. **Phone** - Enter the area code and phone number of the person signing the consultant's DBE commitment form.
16. **Preparer's Title** - Enter the position/title of the person signing the consultant's DBE commitment form.

LOCAL AGENCY SECTION

17. **Local Agency Contract Number** - Enter the Local Agency contract number or identifier.
18. **Federal-Aid Project Number** - Enter the Federal-Aid Project Number.
19. **Proposed Contract Execution Date** - Enter the proposed contract execution date.
20. **Local Agency Representative's Signature** - The person completing this section of the form for the Local Agency must sign their name to certify that the information in this and the Consultant Section of this form is complete and accurate.
21. **Date** - Enter the date the DBE commitment form is signed by the Local Agency Representative.
22. **Local Agency Representative's Name** - Enter the name of the Local Agency Representative certifying the consultant's DBE commitment form.
23. **Phone** - Enter the area code and phone number of the person signing the consultant's DBE commitment form.
24. **Local Agency Representative Title** - Enter the position/title of the Local Agency Representative certifying the consultant's DBE commitment form.

EXHIBIT 15-H DBE INFORMATION —GOOD FAITH EFFORTS

DBE INFORMATION -GOOD FAITH EFFORTS

Federal-aid Project No. _____ Bid Opening Date _____

The _____ established a Disadvantaged Business Enterprise (DBE) goal of _____% for this project. The information provided herein shows that a good faith effort was made.

Lowest, second lowest and third lowest bidders shall submit the following information to document adequate good faith efforts. Bidders should submit the following information even if the "Local Agency Bidder DBE Commitment" form indicates that the bidder has met the DBE goal. This will protect the bidder's eligibility for award of the contract if the administering agency determines that the bidder failed to meet the goal for various reasons, e.g., a DBE firm was not certified at bid opening, or the bidder made a mathematical error.

Submittal of only the "Local Agency Bidder DBE Commitment" form may not provide sufficient documentation to demonstrate that adequate good faith efforts were made.

The following items are listed in the Section entitled "Submission of DBE Commitment" of the Special Provisions:

- A. The names and dates of each publication in which a request for DBE participation for this project was placed by the bidder (please attach copies of advertisements or proofs of publication):

Publications	Dates of Advertisement
_____	_____
_____	_____
_____	_____

- B. The names and dates of written notices sent to certified DBEs soliciting bids for this project and the dates and methods used for following up initial solicitations to determine with certainty whether the DBEs were interested (please attach copies of solicitations, telephone records, fax confirmations, etc.):

Names of DBEs Solicited	Date of Initial Solicitation	Follow Up Methods and Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Exhibit 15-H

DBE Information - Good Faith Effort

- C. The items of work which the bidder made available to DBE firms including, where appropriate, any breaking down of the contract work items (including those items normally performed by the bidder with its own forces) into economically feasible units to facilitate DBE participation. It is the bidder's responsibility to demonstrate that sufficient work to facilitate DBE participation was made available to DBE firms.

Items of Work	Bidder Normally Performs Item (Y/N)	Breakdown of Items	Amount (\$)	Percentage Of Contract

- D. The names, addresses and phone numbers of rejected DBE firms, the reasons for the bidder's rejection of the DBEs, the firms selected for that work (please attach copies of quotes from the firms involved), and the price difference for each DBE if the selected firm is not a DBE:

Names, addresses and phone numbers of rejected DBEs and the reasons for the bidder's rejection of the DBEs:

Names, addresses and phone numbers of firms selected for the work above:

- E. Efforts made to assist interested DBEs in obtaining bonding, lines of credit or insurance, and any technical assistance or information related to the plans, specifications and requirements for the work which was provided to DBEs:

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F. Efforts made to assist interested DBEs in obtaining necessary equipment, supplies, materials or related assistance or services, excluding supplies and equipment the DBE subcontractor purchases or leases from the prime contractor or its affiliate:

G. The names of agencies, organizations or groups contacted to provide assistance in contacting, recruiting and using DBE firms (please attach copies of requests to agencies and any responses received, i.e., lists, Internet page download, etc.):

<u>Name of Agency/Organization</u>	<u>Method/Date of Contact</u>	<u>Results</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

H. Any additional data to support a demonstration of good faith efforts (use additional sheets if necessary):

NOTE: USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.

**A&E CONSULTANT AUDIT REQUEST LETTER
AND CHECKLIST**

(For Proposed A&E Consultant Contracts of \$1 Million or More)

[Attach this form to local agency cover letter for transmittal]

Department of
Transportation Audits and
Investigations, MS 2
Attention: External Audit
Manager
P.O. Box 942874
Sacramento, CA 94274-
0001
conformance.review@dot.ca.gov

Date: _____
Federal Project Number: 5216(050)
Project Description: Manning Avenue
Improvements Phase 1

Dear External Audit Manager:

The following information is attached for proposed A&E consultant contract number *Consultant Contract No.* at a proposed cost of _____

\$ *Dollar Amount* , with *Consultant's Name* *Address*
Contact Name Phone Number

Boxes 1-7 must be checked

1. Proposed contract between the local agency and the consultant.
2. Cost proposal(s) for prime consultant and subconsultant.
3. Names, mailing addresses, phone numbers, and email addresses for all subconsultants.
4. Name of local agency contact person, phone number, and e-mail address.
5. All that apply: Consultant generated Indirect Cost Rate(s) schedule prepared in accordance with applicable Code of Federal Regulations (CFRs) and/or Safe Harbor Indirect Cost Rate certification and supplemental questionnaire. See *Safe Harbor Indirect Cost Rate for Consultant Contracts* at: [DLA-OB 13-07R - Safe Harbor Indirect Cost Rate for Consultant Contracts](#).
6. A completed Internal Control Questionnaire which can be found in Appendix B of the AASHTO Uniform Audit and Accounting Guide.
7. Exhibit 10-K Consultant Certification of Contract Costs and Financial Management System, completed for the prime and all subconsultants. If requesting to use the Safe Harbor Indirect Cost Rate, see *Safe Harbor Indirect Cost Rate for Consultant Contracts* at: [DLA-OB 13-07R - Safe Harbor Indirect Cost Rate for Consultant Contracts](#).
8. Include one of the following; if applicable:
 - a. A copy of the prior fiscal year and most recently completed fiscal year Cognizant approved indirect cost rate(s) and approved State Department of Transportation letters for the consultant (must be provided if issued);
 - b. A copy of the prior fiscal year and most recently completed fiscal year Indirect Cost Rate(s) Schedule and audited report by an independent Certified Public Accountant (CPA). If a CPA-audited Indirect Cost Rate is available for the appropriate fiscal year (applicable one-year accounting period), then the consultant must use the Indirect Cost Rate(s), or lower (see 23 CFR 172.11(b)(1) for guidelines), in the cost proposal.

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- c. A copy of the prior and most recently completed fiscal year Indirect Cost Rate(s) Evaluation or audit report on a prior Caltrans or local agency contract; and any other governmental agency report, review or attestation.
- 9. Check this box if the proposed cost (including amendments) is \$3.5M or more, in which case the Indirect Cost Rate provided by the prime consultant has been audited by a CPA. Forward the following documents to Caltrans Audits & Investigations:
 - a. A copy of the consultant's approved State DOT Cognizant Indirect Cost Rate(s) Schedule and Report (must be provided if issued), and the Cognizant Approved State DOT Cognizant Concurrent Letter (if issued); OR
 - b. A CPA Audited Indirect Cost Rate Audit Report (if there is not an approved State DOT Cognizant Indirect Cost Rate); AND
 - A copy of the CPA audited financial statements, if any.

Local Agency Name understands that any work with costs incurred prior to the approval of the "Authorization to Proceed (E-76)" is not eligible for federal fund reimbursement.

Local Agency Name further understands that a Conformance Letter will be issued to us within 30 business days of your receipt of complete documentation.

If you need further information, please contact Local Agency Contact Name at: Contact Phone Number
Contact Email Address

Sincerely,

Signed Signature of Local Agency Contract Administrator Title

Title of Local Agency Contract Administrator

Agency Title of Local Agency

Attachments: Proposed Contract, Cost Proposal(s), Certifications, Indirect Cost Rate Schedules, Reports and other supporting documentation. c: Caltrans District Local Assistance Engineer

- Distribution:**
- 1) Original - Caltrans Audits & Investigations
 - 2) Copy - DLAE
 - 3) Local Agency Project files