

ADDENDUM 4

**RFP 19-017KN
Electrical Services On-Demand**

October 8, 2018

Due Date Extension to: October 10/19/18 @ 3:00 pm (local time)

Please note the following changes/corrections/additions/questions and answers:

1. Question: On sheet 32, of the price proposal is that required to be based on scale or non-scale wages?
Answer: scale wages
 2. Question: Also at the bottom of page 32, it states that only page 32, is required to be considered responsive however on the bottom of page 31, states that the offeror must submit on all classifications.
Answer: Please submit all forms attached to addendum #4.
 3. Question: Are we to consider our pricing listed on page 32 to include labor burden, overhead and profit?
Answer: yes
- Clarification of Pricing Proposal– Please see attachment for required forms for the evaluation of pricing.

Include this signed and dated Addendum and Acknowledgement with your offer. If your offer has already been submitted to APS, please send this signed and dated Addendum via email to Daniel.Dominguez@aps.edu . Acknowledgement not signed, dated and returned may deem the Bid submission as non-responsive, and Bid may be rejected.

Thank you for your interest in Albuquerque Public Schools.

ADDENDUM #4 ACKNOWLEDGEMENT:

Business Name

Signature

Date

VOLUME I - PRICE PROPOSAL FORM

OFFEROR'S INFORMATION FORM

Date of Proposal: _____

New Mexico State Contractor's License No. _____

License Classifications: _____

Resident Contractor's Preference Certificate No. _____

Veteran Resident Contractor Preference Certificate No. _____

Percent of preference qualified for: _____ (10%)

NOTE: Attach a copy of the valid certificate and documentation to validate percent preference.

NM DOL (Workforce Solutions) Certificate No. _____

Contractor's New Mexico Gross Receipts Tax No. _____

Contractor's Federal Employee Identification No. _____

Proposal of (Company name): _____

(Hereinafter called the "Offeror") organized and existing under the laws of the State of New Mexico, doing business as a Corporation, Partnership or Individual (Circle correct one).

The undersigned, as an authorized representative for the Offeror named above, in compliance with the Request for Proposals for general contractor services on demand for small projects.

The undersigned Offeror's representative also acknowledges receipt of the following Addenda:

Addendum No: _____, dated _____, Addendum No: _____, dated _____

Addendum No: _____, dated _____, Addendum No: _____, dated _____

The Offeror understands that the contract will be awarded in accordance with the provisions of the Request for Proposals and that the Owner reserves the right to reject any or all proposals and to waive any technical irregularities.

And will become the property of the Owner in the event the contract and bonds are not executed within the time set forth herein, as liquidated damages for the delay and additional expenses to the Owner caused thereby.

Respectfully Submitted,

By: (Authorized Signature) _____ Date: _____

By: (Same name, printed or typed) _____

Title: _____

Company: _____

Address: _____ Phone: _____

_____ Zip: _____

Fax: _____ Email: _____

Affix Corporate Seal if proposal is by Corporation)

Accelerate Progress for Students
LABOR RATES –
Hourly labor costs must include prevailing wage rates for the classification and overhead and profit (excluding NMGRT)

Position	Hours	Hourly Rate
EL-01 High Voltage	Base Hourly Rate: 7:00 am – 5:00 pm, Monday – Friday Excluding weekends and holidays	\$
	Overtime Rate: 5:01 pm – 6:59 am, Monday – Friday Excluding weekends and holidays	\$
Journeyman	Base Hourly Rate: 7:00 am – 5:00 pm, Monday – Friday Excluding weekends and holidays	\$
	Overtime Rate: 5:01 pm – 6:59 am, Monday – Friday Excluding weekends and holidays	\$
5 th Year Apprentice	Base Hourly Rate: 7:00 am – 5:00 pm, Monday – Friday Excluding weekends and holidays	\$
	Overtime Rate: 5:01 pm – 6:59 am, Monday – Friday Excluding weekends and holidays	\$
4 th Year Apprentice	Base Hourly Rate: 7:00 am – 5:00 pm, Monday – Friday Excluding weekends and holidays	\$
	Overtime Rate: 5:01 pm – 6:59 am, Monday – Friday Excluding weekends and holidays	\$
3 rd Year Apprentice	Base Hourly Rate: 7:00 am – 5:00 pm, Monday – Friday Excluding weekends and holidays	\$
	Overtime Rate: 5:01 pm – 6:59 am, Monday – Friday Excluding weekends and holidays	\$
2 nd Year Apprentice	Base Hourly Rate: 7:00 am – 5:00 pm, Monday – Friday Excluding weekends and holidays	\$
	Overtime Rate: 5:01 pm – 6:59 am, Monday – Friday Excluding weekends and holidays	\$
1 st Year Apprentice	Base Hourly Rate: 7:00 am – 5:00 pm, Monday – Friday Excluding weekends and holidays	\$
	Overtime Rate: 5:01 pm – 6:59 am, Monday – Friday Excluding weekends and holidays	\$
TOTAL		

POSITION 1: GROUNDMAN

A. Labor Costs:		
1. Base Hourly Rate (From Prevailing Wage Rates)		\$ _____
2. Fringe/Apprenticeship Benefits: (Compute as a Percentage of A.1)		
Health & Welfare	_____ %	\$ _____
Pension	_____ %	\$ _____
Other (If Applicable):		
_____	_____ %	\$ _____
_____	_____ %	\$ _____
		\$ _____
		Subtotal A
B. Other Direct Labor Overhead		
1. FICA	_____ %	\$ _____
2. Federal Unemployment	_____ %	\$ _____
3. State Unemployment	_____ %	\$ _____
4. Workers' Comp. Ins.	_____ %	\$ _____
5. General Liability Ins.	_____ %	\$ _____
6. Other (If Applicable):		
_____	_____ %	\$ _____
_____	_____ %	\$ _____
		\$ _____
		Subtotal B
C. General and Administrative, and Profit (Compute as a Percentage of A.1)		\$ _____
		Subtotal C
Total for Position (Excluding Shift Differential, Holiday, and Overtime Rates)		
Base Hourly Rate and Items A, B, C:		
		\$ _____

All percentages are to be computed based on hourly rate. Contractor must be definitive regarding items included in each category for auditor tracking purposes.

Shift Differential Rate (per page 31)	\$ _____
Holiday Rate: Total Fee Rate	\$ _____
Overtime Rate: Total Fee Rate	\$ _____

POSITION 2: EQUIPMENT OPERATOR

A. Labor Costs:

1. Base Hourly Rate (From Prevailing Wage Rates)		\$ _____
2. Fringe/Apprenticeship Benefits: (Compute as a Percentage of A.1)		
Health & Welfare	_____ %	\$ _____
Pension	_____ %	\$ _____
Other (If Applicable):		
_____	_____ %	\$ _____
_____	_____ %	\$ _____
		\$ _____
		Subtotal A

B. Other Direct Labor Overhead

1. FICA	_____ %	\$ _____
2. Federal Unemployment	_____ %	\$ _____
3. State Unemployment	_____ %	\$ _____
4. Workers' Comp. Ins.	_____ %	\$ _____
5. General Liability Ins.	_____ %	\$ _____
6. Other (If Applicable):		
_____	_____ %	\$ _____
_____	_____ %	\$ _____
		\$ _____
		Subtotal B

C. General and Administrative, and Profit (Compute as a Percentage of A.1) \$ _____

Subtotal C

**Total for Position (Excluding Shift Differential, Holiday, and Overtime Rates)
Base Hourly Rate and Items A, B, C:**

\$ _____

All percentages are to be computed based on hourly rate. Contractor must be definitive regarding items included in each category for auditor tracking purposes.

Shift Differential Rate (per page 31)	\$ _____
Holiday Rate: Total Fee Rate	\$ _____
Overtime Rate: Total Fee Rate	\$ _____

POSITION 3: LINEMAN/TECH

A. Labor Costs:

- | | | |
|---|---------|----------|
| 1. Base Hourly Rate (From Prevailing Wage Rates) | | \$ _____ |
| 2. Fringe/Apprenticeship Benefits: (Compute as a Percentage of A.1) | | |
| Health & Welfare | _____ % | \$ _____ |
| Pension | _____ % | \$ _____ |
| Other (If Applicable): | | |
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |

\$ _____
Subtotal A

B. Other Direct Labor Overhead

- | | | |
|---------------------------|---------|----------|
| 1. FICA | _____ % | \$ _____ |
| 2. Federal Unemployment | _____ % | \$ _____ |
| 3. State Unemployment | _____ % | \$ _____ |
| 4. Workers' Comp. Ins. | _____ % | \$ _____ |
| 5. General Liability Ins. | _____ % | \$ _____ |
| 6. Other (If Applicable): | | |
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |

\$ _____
Subtotal B

C. General and Administrative, and Profit (Compute as a Percentage of A.1)

\$ _____
Subtotal C

**Total for Position (Excluding Shift Differential, Holiday, and Overtime Rates)
Base Hourly Rate and Items A, B, C:**

\$ _____

All percentages are to be computed based on hourly rate. Contractor must be definitive regarding items included in each category for auditor tracking purposes.

Shift Differential Rate (per page 31)	\$ _____
Holiday Rate: Total Fee Rate	\$ _____
Overtime Rate: Total Fee Rate	\$ _____

Accelerate Progress for Students

POSITION 4: OUTSIDE CLASSIFICATION CABLE SPLICER

A. Labor Costs:

- | | | |
|---|---------|----------|
| 1. Base Hourly Rate (From Prevailing Wage Rates) | | \$ _____ |
| 2. Fringe/Apprenticeship Benefits: (Compute as a Percentage of A.1) | | |
| Health & Welfare | _____ % | \$ _____ |
| Pension | _____ % | \$ _____ |
| Other (If Applicable): | | |
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |

\$ _____
Subtotal A

B. Other Direct Labor Overhead

- | | | |
|---------------------------|---------|----------|
| 1. FICA | _____ % | \$ _____ |
| 2. Federal Unemployment | _____ % | \$ _____ |
| 3. State Unemployment | _____ % | \$ _____ |
| 4. Workers' Comp. Ins. | _____ % | \$ _____ |
| 5. General Liability Ins. | _____ % | \$ _____ |
| 6. Other (If Applicable): | | |
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |

\$ _____
Subtotal B

C. General and Administrative, and Profit (Compute as a Percentage of A.1)

\$ _____
Subtotal C

**Total for Position (Excluding Shift Differential, Holiday, and Overtime Rates)
Base Hourly Rate and Items A, B, C:**

\$ _____

All percentages are to be computed based on hourly rate. Contractor must be definitive regarding items included in each category for auditor tracking purposes.

Shift Differential Rate (per page 31)	\$ _____
Holiday Rate: Total Fee Rate	\$ _____
Overtime Rate: Total Fee Rate	\$ _____

Accelerate Progress for Students

POSITION 5: INSIDE CLASSIFICATION CABLE SPLICER

A. Labor Costs:

- | | | |
|---|---------|----------|
| 1. Base Hourly Rate (From Prevailing Wage Rates) | | \$ _____ |
| 2. Fringe/Apprenticeship Benefits: (Compute as a Percentage of A.1) | | |
| Health & Welfare | _____ % | \$ _____ |
| Pension | _____ % | \$ _____ |
| Other (If Applicable): | | |
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |

\$ _____
Subtotal A

B. Other Direct Labor Overhead

- | | | |
|---------------------------|---------|----------|
| 1. FICA | _____ % | \$ _____ |
| 2. Federal Unemployment | _____ % | \$ _____ |
| 3. State Unemployment | _____ % | \$ _____ |
| 4. Workers' Comp. Ins. | _____ % | \$ _____ |
| 5. General Liability Ins. | _____ % | \$ _____ |
| 6. Other (If Applicable): | | |
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |

\$ _____
Subtotal B

C. General and Administrative, and Profit (Compute as a Percentage of A.1)

\$ _____
Subtotal C

**Total for Position (Excluding Shift Differential, Holiday, and Overtime Rates)
Base Hourly Rate and Items A, B, C:**

\$ _____

All percentages are to be computed based on hourly rate. Contractor must be definitive regarding items included in each category for auditor tracking purposes.

Shift Differential Rate (per page 31)	\$ _____
Holiday Rate: Total Fee Rate	\$ _____
Overtime Rate: Total Fee Rate	\$ _____

POSITION 6: WIREMAN TECHNICIAN

A. Labor Costs:

- | | | |
|---|---------|----------|
| 1. Base Hourly Rate (From Prevailing Wage Rates) | | \$ _____ |
| 2. Fringe/Apprenticeship Benefits: (Compute as a Percentage of A.1) | | |
| Health & Welfare | _____ % | \$ _____ |
| Pension | _____ % | \$ _____ |
| Other (If Applicable): | | |
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |

\$ _____
Subtotal A

B. Other Direct Labor Overhead

- | | | |
|---------------------------|---------|----------|
| 1. FICA | _____ % | \$ _____ |
| 2. Federal Unemployment | _____ % | \$ _____ |
| 3. State Unemployment | _____ % | \$ _____ |
| 4. Workers' Comp. Ins. | _____ % | \$ _____ |
| 5. General Liability Ins. | _____ % | \$ _____ |
| 6. Other (If Applicable): | | |
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |

\$ _____
Subtotal B

C. General and Administrative, and Profit (Compute as a Percentage of A.1)

\$ _____
Subtotal C

**Total for Position (Excluding Shift Differential, Holiday, and Overtime Rates)
Base Hourly Rate and Items A, B, C:**

\$ _____

All percentages are to be computed based on hourly rate. Contractor must be definitive regarding items included in each category for auditor tracking purposes.

Shift Differential Rate (per page 31)	\$ _____
Holiday Rate: Total Fee Rate	\$ _____
Overtime Rate: Total Fee Rate	\$ _____

POSITION 7: LABORER, GROUP IV

A. Labor Costs:

- | | | |
|---|---------|----------|
| 1. Base Hourly Rate (From Prevailing Wage Rates) | | \$ _____ |
| 2. Fringe/Apprenticeship Benefits: (Compute as a Percentage of A.1) | | |
| Health & Welfare | _____ % | \$ _____ |
| Pension | _____ % | \$ _____ |
| Other (If Applicable): | | |
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |

\$ _____
Subtotal A

B. Other Direct Labor Overhead

- | | | |
|---------------------------|---------|----------|
| 1. FICA | _____ % | \$ _____ |
| 2. Federal Unemployment | _____ % | \$ _____ |
| 3. State Unemployment | _____ % | \$ _____ |
| 4. Workers' Comp. Ins. | _____ % | \$ _____ |
| 5. General Liability Ins. | _____ % | \$ _____ |
| 6. Other (If Applicable): | | |
| _____ | _____ % | \$ _____ |
| _____ | _____ % | \$ _____ |

\$ _____
Subtotal B

C. General and Administrative, and Profit (Compute as a Percentage of A.1)

\$ _____
Subtotal C

**Total for Position (Excluding Shift Differential, Holiday, and Overtime Rates)
Base Hourly Rate and Items A, B, C:**

\$ _____

All percentages are to be computed based on hourly rate. Contractor must be definitive regarding items included in each category for auditor tracking purposes.

Shift Differential Rate (per page 31)	\$ _____
Holiday Rate: Total Fee Rate	\$ _____
Overtime Rate: Total Fee Rate	\$ _____

POSITION 8: Other _____

D. Labor Costs:

3. Base Hourly Rate (From Prevailing Wage Rates)		\$ _____
4. Fringe/Apprenticeship Benefits: (Compute as a Percentage of A.1)		
Health & Welfare	_____ %	\$ _____
Pension	_____ %	\$ _____
Other (If Applicable):		
_____	_____ %	\$ _____
_____	_____ %	\$ _____
		\$ _____
		Subtotal A

E. Other Direct Labor Overhead

7. FICA	_____ %	\$ _____
8. Federal Unemployment	_____ %	\$ _____
9. State Unemployment	_____ %	\$ _____
10. Workers' Comp. Ins.	_____ %	\$ _____
11. General Liability Ins.	_____ %	\$ _____
12. Other (If Applicable):		
_____	_____ %	\$ _____
_____	_____ %	\$ _____
		\$ _____
		Subtotal B

F. General and Administrative, and Profit (Compute as a Percentage of A.1)	\$ _____
	Subtotal C

**Total for Position (Excluding Shift Differential, Holiday, and Overtime Rates)
Base Hourly Rate and Items A, B, C:** \$ _____

All percentages are to be computed based on hourly rate. Contractor must be definitive regarding items included in each category for auditor tracking purposes.

Shift Differential Rate (per page 31)	\$ _____
Holiday Rate: Total Fee Rate	\$ _____
Overtime Rate: Total Fee Rate	\$ _____

TRA-SER PRICING MATRIX

<u>CATEGORIES</u>		<u>TRA-SER REFERENCE</u>	<u>DISCOUNT</u> <u>Off list price</u>
100	Conduit	2100, 1050, 1100, 1110	_____
101	Rigid Conduit Fittings	2200, 2210, 2110, 9200	_____
104	Conduit Hangers	2810, 2820	_____
105	EMT	2300, 1800, 1200	_____
106	Flex Conduit	2400, 1300, 2410, 1400	_____
107	Plastic Conduit	1500, 2230	_____
108	Wire Mold	1900	_____
110	Wire	730, 750, 280, 111, 710, 720, 727, 728	_____
111	Aluminum Wire	502	_____
114	Non-Metallic Cable	121	_____
115	Armored Cable	130, 611	_____
116	Service Entrance Cable	141, 142	_____
117	Bare Wire	301, 302	_____
119	Cords	250, 210, 220, 230, 240	_____
120	Outlet Boxes Switch/Flr	2720, 2600, 2700, 2710, 2730	_____
130	Safety Switches	3100	_____
131	Industrial Breakers	3200	_____
132	Load Centers	3300, 3310, 3320	_____
133	Service Equipment	3300	_____
134	Panel board	3400	_____
135	Meter Socket	3500	_____
136	Pull Boxes, Wire way	3600	_____
138	Motor Control	4100, 4200	_____
140	Condulets	2510, 2520, 2530	_____
150	Fixture Connectors	6420	_____
151	Lugs	6410	_____
152	Anchors	6510	_____
153	Screws	6530	_____

<u>CATEGORIES</u>		<u>TRA-SER REFERENCE</u>	<u>DISCOUNT OFF list price</u>
155	Tools	6610, 6620, 6680	_____
160	Receptacles	5400, 5500, 5600, 5700, 5100, 5200, 5300	_____
161	Switches	5400, 5500, 5600, 5700, 5100, 5200, 5300	_____
162	Plates	5100	_____
164	Cap Connectors	5100	_____
165	Lamp Holders	5100	_____
170	Fuses	6100, 6120, 6130	_____
180	Tape & Solder	6430	_____
190	Transformers	3900, 9500	_____
195	Signaling	6300	_____
200	Fans	8100, 8200	_____
205	Heaters	8580, 8590, 8520, 8530, 8540	_____
210	Recessed Fixtures	7221	_____
220	Florescent Fixtures	7210	_____
230	Floodlights	7340, 7330, 7230, 7310	_____
240	Misc. Fixtures	7320, 7260	_____
250	Lamps	7140, 7150, 7160, 7100 7110, 7120, 7130	_____
255	Ballast	7410, 7420	_____
260	Batteries	6200	_____
270	Time Switches	4400	_____
275	Temperature Controls	4300	_____
280	Wire holders	9100, 9110, 9300	_____

FIXED FEE

Note: NM State Procurement Code NMSA 1978, Paragraph 13-1-149 states that the **use of a cost-plus-a-percentage-of-cost contract is prohibited except for the purchase of insurance.**
Contractor/Successful Offeror shall provide a fixed fee table in the boxes below.

The values in the table shall be used in the contractor's project estimates where subcontractors are used and shall be provided prior to starting a project with un-priced items that are within the intended scope of the resultant PA. **The fixed fee would not be applicable to anything on TRa-Ser list.** Once the project is complete, if the project is over or under the estimated values for subcontractor costs, parts and materials and rental equipment other than priced items quoted above, the contractor is still entitled to the administration fixed fee. Contractor shall only invoice for the fixed fee on the final invoice for the project. If the project scope of work changes, the fixed fee shall be re-established again using the table of values below. The cost of subcontractors (in aggregate) used on any project shall not exceed 15% of the total project cost.

Dollar Amount Estimated on Subcontractor and Materials Costs				Fixed Fee (Expressed in Dollar Amount on the estimate for a project)
11	\$1.00	-	\$1,000.00	\$
12	\$1,001.00	-	\$2,000.00	\$
13	\$2,001.00	-	\$3,000.00	\$
14	\$3,001.00	-	\$4,000.00	\$
15	\$4,001.00	-	\$5,000.00	\$
16	\$5,001.00	-	\$6,000.00	\$
17	\$6,001.00	-	\$7,000.00	\$
18	\$7,001.00	-	\$8,000.00	\$
19	\$8,001.00	-	\$9,000.00	\$
20	\$9,001.00	-	\$10,000.00	\$

Please note the district reserves the right to negotiate actual fixed fee amounts on a project per project basis as it deems necessary.

Accelerate Progress for Students

Specialized Equipment: Because the nature of the contract may involve use of additional equipment/parts or minor subcontracted work outside the general scope of the contract, but necessary for a complete job, the contractor is required to establish the pricing which will apply. Identify the charges that will apply for all items, indicate pass-through contractor's cost, discount from list, no charge, cost plus or an hourly rate as may be applicable. **A cost plus percentage is not acceptable.** If an item is not priced, it will be assumed to be included in the contractor's overhead. Listed equipment shall not exceed prevailing rates for rental equipment. Equipment will be added or deleted at the time of contract renewal or upon request by the district. (Note that small tools, tape, miscellaneous screws and similar small items are to be in the contractor's overhead.)

STATEMENT OF SPECIALIZED EQUIPMENT

EQUIPMENT	HOURLY	DAILY	WEEKLY	MONTHLY
Trencher				
Concrete Saw				
Welder				
Scaffolding				
Portable Generators				
Cable Pullers				
Portable Compressor				
Bobcat				
Post Hold Diggers				
Hydraulic Bender				
Back Hoe				
Compressor				
Diamond Blade				
Bucket Truck				
Crane				
Other Equipment	Hourly	Daily	Weekly	Monthly

Please add any additional equipment in the remaining space on this form