

# Worksheet #1 - Price Proposal

**RFP Reference:** Section 4.2.2.D

**Instructions:** This form is to be used to provide the Offeror's firm and fixed price per Revenue Service Hour, estimated pension costs, and optional services. When combined with the annual and full-term allowances and potential incentives (or liquidated damages), this form identifies the maximum contract value. Offerors are to fill in only the cells highlighted in yellow. All other cells will automatically populate.

	Initial Term					Renewal Term(s)		Total Including Options
	FY2024	FY2025	FY2026	FY2027	FY2028	Year 6	Year 7	
Anticipated Revenue Service Hours	261,022	268,141	288,030	288,029	295,196	295,196	295,196	<b>1,990,810</b>

Rate per Revenue Service Hour								
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	
Guaranteed hourly rate within +/- 10% of anticipated Revenue Service Hours (RSH)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

Total Operating Costs for Revenue Service Hours								
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Pension Costs								
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	
Estimated Pension Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated PBGC Premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pension Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Annual Allowances (Not to Exceed)							
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Start Up/Transition	\$ 200,000						
Customer Service & Marketing	\$ 200,000	\$ 220,000	\$ 240,000	\$ 260,000	\$ 280,000	\$ 300,000	\$ 320,000
Bus Stop Infrastructure	\$ 75,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000
<b>Total Allowances</b>	<b>\$ 475,000</b>	<b>\$ 270,000</b>	<b>\$ 290,000</b>	<b>\$ 310,000</b>	<b>\$ 330,000</b>	<b>\$ 350,000</b>	<b>\$ 370,000</b>

Full Term Allowances (Not to Exceed)								
PTO Accrual								<b>PENDING</b>
Vehicle Commissioning								\$ 125,000.00
Ops & Maintenance Facility								\$ 250,000.00 Subtotal

\$ 2,395,000.00 Subtotal

Optional Service							
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Fare Collection							
<b>Total Optional Services</b>							

\$ - Subtotal

Incentive Payments							
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
up to 1.5% of RSH Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

\$ - Subtotal

<b>Max Contract Value</b>	\$ 475,000.00	\$ 270,000.00	\$ 290,000.00	\$ 310,000.00	\$ 330,000.00	\$ 350,000.00	\$ 370,000.00	\$ 2,395,000.00	Total
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\_\_\_\_\_  
Signature of Offeror's Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

## Worksheet #2 - Budget Detail & Explanatory Notes

**RFP Reference:** Section 4.3.E.1

**Instructions:** The Offeror shall provide a detailed budget with accompanying narrative as necessary to explain line items as defined by the Offeror; identify any significant assumptions, efficiencies, or price risk mitigation strategies that may be unique to the Offeror; and provide other information that the Offeror believes may be useful to the Evaluation Committee when reviewing the Price Proposal. The Offeror may use any format desired.

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Signature of Offeror's /

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name



## Worksheet #4 - Anticipated Personnel

**RFP Reference:** Section 4.2.2.D

**Instructions:** This form is to be used to identify the anticipated number of full-time equivalent personnel to be employed on the Contract, whether they will be the employee of the prime Offeror or a subcontractor. The anticipated salary range

Labor Category	Offeror/ Subcontractor	Full-Time Equivalents					Anticipated Salary Range			
		Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4	Contract Year 5	Low	High	Hourly	Salaried
<b>Ex: Customer Service Rep</b>	Offeror	4	4	5	5	5	\$ 37,000	\$ 44,000		x
<b>Ex: Bus Operator</b>	Offeror	48	52	60	62	64	\$ 18.75	\$ 39.24	x	

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Signature of Offeror's Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

## Worksheet #5 - Subcontractors & Vendors

**RFP Reference:** Section 1.9.1.C; Section 9.1.1

**Instructions:** This form is to be used to identify any DBE or non-DBE subcontractors or vendors known to the Proposer at the time of Offer. It is not required that this form be included; however, the Evaluation Committee may consider the extent to which DBE participation is identified in the Proposal.

Vendor/Subcontractor	Address	Services to Be Performed or Materials Supplied	Disadvantaged Business Participation				
			DBE	SBE	Est. \$ Value	NCDOT DBE Registry ID	Affidavit Included?

\$ -

\_\_\_\_\_  
Signature of Offeror's Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name