REQUEST FOR COMPETITIVE SEALED PROPOSALS

The University of Texas Medical Branch at Galveston

Job Order Contracting (JOC) Services

RFP No. 20-006

ATTACHMENT 7 – COEFFICIENT PROPOSAL FORM

Proposal of: ________________________________________ Date: _________________

(Company Name)

Having carefully examined the RFP Documents including all Attachments, Exhibits and Appendices, Directions, Specifications and any Addenda thereto, as prepared by UTMB, the undersigned proposes the following Coefficient as a percentage increase, (e.g., 1.10) or decrease (e.g., 0.95) to the R.S. Means Bare Cost, in association with performance of a Job Order under awarded Contract:

**Coefficient:**

The Coefficient shall include, but not be limited to: General and Administrative costs, Overhead and Profit, Insurance, Protective Gear and Clothing, Contingencies such as Wage Rates and Inflation, Bond Premiums, Taxes (except as allowed below), Mark-up for subcontractors, Travel expenses, Parking, Field and Office supervisors and assistants, including safety and scheduling personnel, Use of small tools, field office and related expense, Negative air machines, Manometers (except for set up, take down costs) field engineering and layout, daily cleaning, preparation of reports, correspondence and documentation and/or other incidental job burdens to accomplish work. Coefficients are proposed by Contractors as a percentage increase, (e.g. 1.10) or decrease (e.g. 0.95) to the RSMeans Bare Cost, in association with performance of a Job Order. The coefficient(s) proposed and accepted are incorporated in the awarded contract and are used in establishing the price for individual orders. **Contractor shall price using 1.0 in lieu of the Galveston City Index (84.5%) listed in RSMeans.**

Contractor should include a Coefficient for **normal working hours**, as well as **non-normal working hours** as outlined in the table below:

<table>
<thead>
<tr>
<th>Primary Award</th>
<th>Initial Term 2 Years</th>
<th>Renewal 1</th>
<th>Renewal 2</th>
<th>Renewal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coefficient Normal Working Hours</strong>&lt;br&gt;(6:00am to 6:00pm Monday – Friday); Excluding approved Holidays, as defined In Article 4 of Attachment No.3, Sample Job Order Contracting (JOC) Services Agreement.</td>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td><strong>Coefficient Non-normal Working Hours</strong>&lt;br&gt;(6:01pm to 5:59am Monday – Friday); Weekends (Friday, 6:01pm to Monday, 5:59am) and approved Holidays, as defined In Article 4 of Attachment 3, Sample Job Order Contracting (JOC) Services Agreement.</td>
<td>______</td>
<td>______</td>
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<td>______</td>
</tr>
</tbody>
</table>

*The coefficient proposed for non-normal working hours will only be applied to labor.*
CHILD SUPPORT CERTIFICATION
A proposal application for a contract, grant or loan paid from state funds must include the name of the individual or sole proprietor and each partner, shareholder, or owner with an ownership interest of at least twenty-five percent (25%) of the business entity submitting the respondent or application.

__________________________________________
(Name)

__________________________________________
(Name)

__________________________________________
(Name)

REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK
By signature hereon, under Section 231.006, Family Code, the vendor or applicant certifies that the individual or business entity named in this contract, proposal, or application is not ineligible to receive grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate.

(CORPORATE SEAL)

Submitted By: _____________________________________________

(Type or Print Name)

Signature: _________________________________________________

Title: _____________________________________________________

Company Name: ___________________________________________

Address: _________________________________________________

Telephone: _______________________________________________

Fax: _____________________________________________________

Email: ___________________________________________________

Fill in the applicable information:

A Corporation, chartered in the State of Texas authorized to do business in the State of Texas.

☐ Yes    ☐ No

A partnership composed of: ______________________________________

and ______________________________________

An individual, operating under the name of: _______________________

A joint venture, operating under the name of: _______________________

The Following shall be submitted with this proposal. Failure to include these documents may result in disqualification of your proposal:

1. Respondent’s Technical Proposal (Ref. Section 3)
2. Letter of Bonding capacity (Ref. Attachment 1 Company Overview)
3. Safety Program (Ref. Attachment 1 Company Overview)
4. Insurance Acknowledgement (Ref. Attachment 1 Company Overview)
5. Coefficient Proposal Form (Ref. Attachment 7)
6. Signed Execution of Offer (Ref. Attachment 5)
7. Environmental Sustainability Questionnaire (Ref. Attachment 6)
8. Other applicable submittals required in this RFP
9. The Letter of HUB Commitment (Ref. Subsection 1.15 and Exhibit H), shall be submitted with the proposal receipt deadline.