

**Media Relations Services Request for Proposals**

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**COST SUMMARY FORM  
REQUEST FOR PROPOSALS (RFP)**

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- a. Specify fully-burdened hourly rates (including all overhead costs, general administration expenses and profit) for each employee of the Consultant or subconsultant who will provide specialized media relations services:

<u>NAME*</u>	<u>FUNCTION</u>	<u>HOURLY RATE</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\* Specify if subconsultant.

- b. Specify other direct costs required to provide specialized media relations services.

<u>Description</u>	<u>RATE</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

- c. Specify any annual percentage increase to the fully-burdened hourly rates throughout the term.

\_\_\_\_\_ %

**Exhibit C - SBE Forms – Media Consultant**

**FORM 1 – PROPOSER SBE STATUS**

**1.0 Is the Proposer a certified SBE?\***

YES \_\_\_ NO \_\_\_

If yes, name of SBE certifying agency \_\_\_\_\_

**2.0 Does the Proposer hold any other special business certifications such as MBE, WBE, VSBE, DVBE, etc.**

YES \_\_\_ NO \_\_\_

If yes, name of certifying agency for each type \_\_\_\_\_

**3.0 Verification/Declarations**

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Proposer:** \_\_\_\_\_



**Exhibit C - SBE Forms – Media Consultant  
SAMPLE**

**ALAMEDA CORRIDOR MEDIA CONSULTANT AGREEMENT  
MONTHLY SUBCONTRACTOR MONITORING REPORT**

**(For information only - not to be filled in as part of proposal.)**

Instructions: Please indicate the participation levels achieved for the month of \_\_\_\_\_ for the referenced contract number.

Contract No. \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Committed SBE Participation Percentage \_\_\_\_\_

				PROPOSED	ACTUALS	
	Name of Subcontractor	Type of Work Performed	Certifications:* SBE/V/SBE/MBE/WBE/OBE/DVBE	Original Proposed SBE Percentage	Amount Paid to Date	Contract Amount Percentage
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

\* Indicate all certifications held by each subcontractor