

**Federal Advocacy Services Request for Proposals**

---

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

---

- 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 federal advocacy services:

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

\* Specify if subconsultant.

- b. Specify other direct costs required to provide specialized federal advocacy 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 – Federal Advocacy 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 – Federal Advocacy Consultant

#### FORM 2 – SBE Commitment Plan Form – Federal Advocacy Consultant

This information shall be submitted with Proposal. Applies only if subconsultants are to be used.

PROPOSER'S NAME: \_\_\_\_\_

Item of Work*	Description of Services to be Subcontracted	Name of SBE** (provide Certification Number, Certifying Agency and SBE Contact Information)	Other Certifications: e.g. MBE, WBE, DVBE, VSBE, etc. (provide Certifying Agencies)	Estimate Dollar Amount or % for Each Firm
Total				\$

\* Describe service to be performed or furnished by SBE, and address of firm.

---

\*\* SBEs must be certified by State or other local agency such as City of Los Angeles, Los Angeles County Metropolitan Transportation Authority, Port of Long Beach or Port of Los Angeles.

---

**IMPORTANT: Names of SBE firms and item(s) of work listed on this form should be consistent with the names and items of work included in the proposal.**

\_\_\_\_\_  
Signature of Proposer      Date    (Area Code) Phone No.

\_\_\_\_\_  
Name of Contact              (Type or Print)

**Exhibit C - SBE Forms – Federal Advocacy Services  
SAMPLE**

**ALAMEDA CORRIDOR Federal Advocacy 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