

REQUEST FOR PROPOSALS
CONSTRUCTION MANAGEMENT SERVICES
FOR REPAIR, RECONSTRUCTION AND CONSTRUCTION
OF FACILITIES IMPACTED BY HURRICANE MARIA

EXHIBIT H-1
SCHEDULE OF HOURLY RATES
ARCHDIOCESE OF SAN JUAN

The undersigned Respondent, having familiarized itself with the typical conditions that could affect the Services, the Proposal Documents, this RFP and all Addenda, if any, hereby agrees to furnish and pay for all labor, supervision, materials, equipment, tools, machinery, transportation, goods, facilities, services, fees and taxes necessary for the proper execution and completion of the Services under the CM Agreement at the following hourly rates.

Respondents are asked to provide hourly rates for each Key Staff position in Column C (Hourly Rates). The Respondent will not complete Columns A, B or D. Please note that Respondent's Price Proposal below will be calculated by the Church Entities using hours per labor classification for the purpose of proposal evaluation only. The resulting CM Agreement's Not-To-Exceed amount (NTE) will not be based on the Price Proposal calculated by the Church Entities but on the portfolio of projects assigned to each Respondent, the total estimated construction cost of the assigned portfolio, and standard construction management percentage of construction cost estimating methodology.

Key Staff

Labor Classification	Estimated Qty. of Resources [A]	Estimated Monthly Hours per Resource [B]	Hourly Rates [C]	Estimated Monthly Cost per Position [D = A x B x C]
Project Manager	TBD	TBD	\$	\$ TBD
Procurement Manager	TBD	TBD	\$	\$ TBD
Design/Construction Manager	TBD	TBD	\$	\$ TBD
Compliance Officer	TBD	TBD	\$	\$ TBD
Scheduler	TBD	TBD	\$	\$ TBD
Respondent's Price Proposal				\$ TBD

Notes:

1. **Estimated Qty. of Resources** represents the estimated quantity of personnel to be employed in each position. Should not be interpreted as a cap on the allowed quantity of staff. Church Entities will provide these estimated amounts after receiving proposals from Respondents and will calculate Respondent's Price Proposal based on those estimated amounts.
2. **Estimated Hours Per Resource** represents the estimated quantity of hours per resource. Should not be interpreted as a cap on the allowed level of effort per position. Church Entities will provide these estimated amounts after receiving proposals from Respondents and will calculate Respondent's Price Proposal based on those estimated amounts.

Respondent Name: _____
 Authorized Rep Initials: _____

3. **Hourly Rates** include overhead, profit, royalties, reimbursements, travel, fringe benefits, taxes, as well as any other additional fees and administrative costs applicable to the services. The overhead includes all costs related to performing the services required from each position.
4. **Estimated Monthly Cost Per Position** represents the estimated cost of positions based on the Estimated Qty. of Resources and the Estimated Hours Per Resource in this form. This amount shall not be interpreted as a cap on the allowed billing per position.
5. **Respondent's Price Proposal** represents an estimated amount that the Respondent is proposing based on the hourly rates being provided by the Respondent. The Price Proposal will be used to determine the score in the Price section of the Evaluation Criteria.
6. The resulting contract will contain a not-to-exceed amount (NTE), which will be the maximum amount the Church Entity will pay the Selected Respondent(s) under the corresponding contract. As described in RFP Section II.D.2. Payment for Services, individual task orders will be issued to the Selected Respondent(s) from time to time based on agreed services. Each Task Order will include its own NTE, which will be charged to the Agreement's NTE.
7. **Additional Staff.** If Additional Staff is authorized by the Church Entity under a Task Order, such positions shall be billed at the hourly rates set forth in the following table. The cost of Additional Staff will not be considered as part of Respondent's Price Proposal.

Labor Classification	Hourly Rates
Professional Engineers or Architects	\$
Engineers or Architects in Training	\$
Toxic Monitor	\$

By submission hereof, Respondent represents and warrants that: (i) Respondent accepts all terms and conditions of the RFP documents; (ii) if awarded an Agreement, Respondent will execute the CM Agreement within 10 days from the date of notice of award; (iii) the Selected Respondent(s) will perform all Services assigned by the corresponding Church Entity, if any; and (iv) the rates set forth in this Table of Hourly Rates shall remain valid, without alteration, through the three (3) year term of the Agreement, if any.

In _____, Puerto Rico, as of the _____ day of _____, 2023.

[Corporate Seal]

Signature

Authorized Representative

Title

Respondent Name

OATH

Affidavit No. _____

Sworn and subscribed to before me by _____, of legal age,
_____, and a resident of _____, who is personally known to me or who I have
identified with _____,

In _____, on this ____ day of _____, 20____.

Notary Public

REQUEST FOR PROPOSALS
CONSTRUCTION MANAGEMENT SERVICES
FOR REPAIR, RECONSTRUCTION AND CONSTRUCTION
OF FACILITIES IMPACTED BY HURRICANE MARIA

EXHIBIT H-2
PRICE FORM
DIOCESE OF ARECIBO

The undersigned Respondent, having familiarized itself with the typical conditions that could affect the Services, the Proposal Documents, this RFP and all Addenda, if any, hereby agrees to furnish and pay for all labor, supervision, materials, equipment, tools, machinery, transportation, goods, facilities, services, fees and taxes necessary for the proper execution and completion of the Services under the CM Agreement at the following hourly rates.

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Design/Construction Manager	TBD	TBD	\$	\$ TBD
Compliance Officer	TBD	TBD	\$	\$ TBD
Scheduler	TBD	TBD	\$	\$ TBD
Respondent's Price Proposal				\$ TBD

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In _____, Puerto Rico, as of the _____ day of _____, 2023.

[Corporate Seal]

Signature

Authorized Representative

Title

Respondent Name

OATH

Affidavit No. _____

Sworn and subscribed to before me by _____, of legal age,
_____, and a resident of _____, who is personally known to me or who I
have identified with _____,

In _____, on this ____ day of _____, 20____.

Notary Public

REQUEST FOR PROPOSALS
CONSTRUCTION MANAGEMENT SERVICES
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OF FACILITIES IMPACTED BY HURRICANE MARIA

EXHIBIT H-3
PRICE FORM
DIOCESE OF ARECIBO

The undersigned Respondent, having familiarized itself with the typical conditions that could affect the Services, the Proposal Documents, this RFP and all Addenda, if any, hereby agrees to furnish and pay for all labor, supervision, materials, equipment, tools, machinery, transportation, goods, facilities, services, fees and taxes necessary for the proper execution and completion of the Services under the CM Agreement at the following hourly rates.

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Procurement Manager	TBD	TBD	\$	\$ TBD
Design/Construction Manager	TBD	TBD	\$	\$ TBD
Compliance Officer	TBD	TBD	\$	\$ TBD
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Respondent's Price Proposal				\$ TBD

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In _____, Puerto Rico, as of the _____ day of _____, 2023.

[Corporate Seal]

Signature

Authorized Representative

Title

Respondent Name

OATH

Affidavit No. _____

Sworn and subscribed to before me by _____, of legal age,
_____, and a resident of _____, who is personally known to me or who I
have identified with _____,

In _____, on this ____ day of _____, 20____.

Notary Public

REQUEST FOR PROPOSALS
CONSTRUCTION MANAGEMENT SERVICES
FOR REPAIR, RECONSTRUCTION AND CONSTRUCTION
OF FACILITIES IMPACTED BY HURRICANE MARIA

EXHIBIT H-4
PRICE FORM
DIOCESE OF FAJARDO-HUMACAO

The undersigned Respondent, having familiarized itself with the typical conditions that could affect the Services, the Proposal Documents, this RFP and all Addenda, if any, hereby agrees to furnish and pay for all labor, supervision, materials, equipment, tools, machinery, transportation, goods, facilities, services, fees and taxes necessary for the proper execution and completion of the Services under the CM Agreement at the following hourly rates.

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Respondent's Price Proposal				\$ TBD

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Toxic Monitor	\$

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In _____, Puerto Rico, as of the _____ day of _____, 2023.

[Corporate Seal]

Signature

Authorized Representative

Title

Respondent Name

OATH

Affidavit No. _____

Sworn and subscribed to before me by _____, of legal age,
_____, and a resident of _____, who is personally known to me or who I
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In _____, on this ____ day of _____, 20____.

Notary Public