

**RFP2023-08 PROFESSIONAL SERVICE FOR RECREATION PROJECT MANAGEMENT
SERVICES PROPOSAL OPENING DATE 2-8-2023 AT 11:00AM**

RFP2023-08 PROFESSIONAL SERVICES RECREATION PROJECT MANAGEMENT SERVICES - CDBG FUNDING PROPOSAL OPENING DATE 2/8/2023 AT 11:00AM FOR A PERIOD OF ONE (1) YEAR			
NUMBER OF RESPONDENTS:	3		
NAME OF BIDDER	BROWNFIELD REDEVELOPMENT SOLUTIONS, INC.	CME ASSOCIATES	HMR ARCHITECTS P.A.
ADDRESS	739 STOKES RD. - SUITES A & B	1460 ROUTE 9 SOUTH	821 ALEXANDER ROAD - SUITE 115
CITY, STATE, ZIP	MEDFORD, NEW JERSEY 08055	HOWELL, NEW JERSEY 07731	PRINCETON, NJ 08540
CONTACT NAME	MICHELLE CHRISTINA	GREGORY R. VALESI, PE, PP, CME	ERIC HOLTERMAN
TELEPHONE	856-964-6456	732-462-7400	609-452-1070
FAX	732-782-0404	732-409-0756	609-452-1074
E-MAIL	michele@brsinc.com	gvalesi@cmeusa1.com	holtermann@hmr-architects.com
STATEMENT OF OWNERSHIP DISCLOSURE	INCLUDED	INCLUDED	INCLUDED
EQUAL EMPLOYMENT OPPORTUNITY EXHIBIT A	INCLUDED	INCLUDED	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE	INCLUDED	INCLUDED	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	INCLUDED	INCLUDED	INCLUDED
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED	INCLUDED	INCLUDED
NON-COLLUSION AFFADAVIT	INCLUDED	INCLUDED	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990			
LANGUAGE	INCLUDED	INCLUDED	INCLUDED
ETHICS COMPLAINT DISCLOSURE	INCLUDED	INCLUDED	INCLUDED
DEBARMENT NOTICE	INCLUDED	INCLUDED	INCLUDED
CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS	INCLUDED	INCLUDED	INCLUDED
PROHIBITED RUSSIA-BELARUS ACTIVITIES & IRAN INVESTMENT ACTIVITIES	INCLUDED	INCLUDED	INCLUDED
CITY OF TRENTON RESIDENT EMPLOYMENT POLICY	INCLUDED	INCLUDED	INCLUDED
EIC	CERT.#3774 EXP.11/15/2026	CERT#1818 EXP. 2/15/2026	REQUIRED
USE OF SUB-CONTRACTORS	NONE	NONE	YES (SEE ATTACHED)
CERTIFICATE OF INSURANCE	REQUIRED PRIOR TO AWARD	REQUIRED PRIOR TO AWARD	REQUIRED PRIOR TO AWARD
60-DAY EXTENSION COMPLIANCE	YES	YES	YES
PROVIDE PRIORITY EMERGENCY SERVICES	YES	YES	YES
REFERENCES	INCLUDED	INCLUDED	INCLUDED
W-9	INCLUDED	INCLUDED	N/A
EXCEPTIONS (IF ANY)	NONE	NONE	NONE
HOURLY RATE	\$140.00	\$180.00	\$185.00
FATAL FLAW	NONE	NONE	NONE

**City of Trenton
Departments of Recreation Cost Proposal
Form
Recreation Project Management Services**

HOURLY RATE FOR PROFESSIONAL PROJECT MANAGEMENT SERVICES: \$ <u>140.00</u> **	
Michele Christina, Principal	
NAME & TITLE (PRINTED)	
Brownfield Redevelopment Solutions, Inc.	
COMPANY NAME (PRINTED)	
856-964-6456	michele@brsinc.com
PHONE NO.	EMAIL
	ADDRESS
	February 6, 2023
SIGNATURE	DATE

(1) A total of 2,080 labor hours is anticipated based upon a total maximum average of 40 hours of work per week for 52 weeks.

(2) The cost provided above shall be a fixed hourly unit rate for all work conducted and shall include all fees associated with travel reimbursement. Clerical and supplemental services shall not be compensated separately. The unit cost submitted shall be utilized for the designated firm representative and any alternate (pre-approved) representative(s). Compensation will not be approved or made for other rates.

NOTE: The City of Trenton reserves the right to award all, part, or none of the work associated with this Request for Proposals.

** - Indicates blended hourly rate option.

Alternatively, the following presents individual hourly billing that could be used potentially benefiting the City of Trenton:

Position	Hourly Rate
Principal	\$ 166
Economic Analyst	\$ 162
Supervisory Engineer	\$ 156
Supervisory Planner	\$ 142
Supervisory Grant Writer/Manager	\$ 142
Landscape Architect	\$ 142
Assistant Landscape Architect	\$ 110
Professional Planner	\$ 126
Senior Environmental Scientist	\$ 136
Environmental Scientist	\$ 114
Grant Writer	\$ 130
Grant Manager	\$ 110
Staff Engineer	\$ 95

**City of Trenton
Departments of Recreation Cost Proposal
Form
Recreation Project Management Services**

HOURLY RATE FOR PROFESSIONAL PROJECT MANAGEMENT SERVICES: \$ 180.00

Gregory R. Valesi, PE, PP, CME, Partner

NAME & TITLE (PRINTED)

CME Associates

COMPANY NAME (PRINTED)

732-462-7400

gvalesi@cmeusa1.com

PHONE NO.

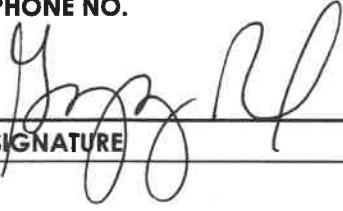
EMAIL

ADDRESS

February 6, 2023

SIGNATURE

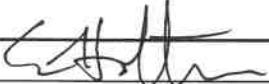
DATE



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**City of Trenton
Departments of Recreation Cost Proposal
Form
Recreation Project Management Services**

HOURLY RATE FOR PROFESSIONAL PROJECT MANAGEMENT SERVICES: \$ <u>185.00</u> HR	
NAME & TITLE (PRINTED) Eric Holtermann, Corporate Secretary	
COMPANY NAME (PRINTED) HMR Architects, P.A.	
PHONE NO. 609-452-1070	EMAIL ADDRESS holtermann@hmr-architects.com
SIGNATURE 	DATE 02-02-2023

- (1) A total of 2,080 labor hours is anticipated based upon a total maximum average of 40 hours of work per week for 52 weeks.
- (2) The cost provided above shall be a fixed hourly unit rate for all work conducted and shall include all fees associated with travel reimbursement. Clerical and supplemental services shall not be compensated separately. The unit cost submitted shall be utilized for the designated firm representative and any alternate (pre-approved) representative(s). Compensation will not be approved or made for other rates.

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HMRARCHITECTS

2023 Standard Hourly Rates

Principal	\$200.00
Project Manager/Associate	\$190.00
Project Architect	\$180.00
Senior Technical Staff	\$150.00
Preservation Architect	\$140.00-\$150.00
Technical Staff	\$110.00-\$125.00

2023 Reimbursable Expenses

UPS Ground or Overnight Delivery	HMR cost without mark-up
Travel Costs	Mileage-current IRS mileage rate
Printing Costs	Tolls & Parking-HMR cost without mark-up 8 1/2" x 11"-black & white \$.10 per sheet 8 1/2" x 11"-color-\$.50 per sheet 24" x 36" black & white-\$3.00 per sheet 24" x 36" color-\$12.00 per sheet

**PROVIDE A LIST SUB-CONTRACTORS
COPY OF LICENSES SUBMITTED WITH REQUEST FOR PROPOSAL**

NAME Harrison-Hamnett, P.C.
ADDRESS 40 Knowles St
CITY, Pennington STATE, New Jersey ZIP 08534
TELEPHONE: 609-818-1808
FAX 609-818-1809 NO.
TRADE Structural Engineering
LICENSE NO. 0098234

NAME M&E Engineers Incorporated
ADDRESS 26 West High Street
CITY, Somerville STATE, New Jersey ZIP 08876
TELEPHONE: 908-526-5700
FAX 908-526-9681 NO.
TRADE MEP Engineers
LICENSE NO. 0072624

NAME _____
ADDRESS _____
CITY, _____ STATE, _____ ZIP _____
TELEPHONE: _____
FAX _____ NO.
TRADE _____
LICENSE NO. _____

NAME _____
ADDRESS _____
CITY, _____ STATE, _____ ZIP _____
TELEPHONE: _____
FAX _____ NO.
TRADE _____
LICENSE NO. _____

NAME _____
ADDRESS _____
CITY, _____ STATE, _____ ZIP _____
TELEPHONE: _____
FAX _____ NO.
TRADE _____
LICENSE NO. _____