

**ADDENDUM NO. 1  
ATTACHMENT 3  
PROPOSAL  
RFP NO. CCC-070  
CEQA CONSULTING SERVICES STUDENT HOUSING**

**Respondent:** \_\_\_\_\_

The Respondent proposes to complete Consultant Services described in the RFP and in the Consultant Agreement as follows:

- Price Proposal.** Complete the following with proposed pricing to complete each of the Tasks described in the RFP and as summarized below. For proposed not to exceed pricing for any of the Tasks described below shall be based on the personnel time necessary to complete a Task at the hourly rates for such personnel as set forth in Paragraph 2 of this Proposal. ***The District acknowledges that the CEQA Consultant Services required for the Project will not include all of the Tasks and related CEQA Consultant Services. For example, if a determination is made that a Mitigated Negative Declaration will comply with CEQA requirements, CEQA Consultant Services relating to a Negative Declaration and EIR will not be required. Even though not all CEQA Consultant Services described for a Task may be necessary, pricing must be proposed for all CEQA Consultant Services.***

		Proposed Lump Sum, Fixed Price	Proposed Not to Exceed Price
Task 1	Project Initiation		
Task 2	Initial Study		
Task 3A	Negative Declaration		
	Mitigated Negative Declaration		
Task 3B	Environmental Impact Report		
Task 4	Circulation of ND/MND/EIR		
Task 5 Responses to Comments	Negative Declaration		
	Mitigated Negative Declaration		
	EIR		
Task 6 Mitigation Monitoring and Reporting Program	Negative Declaration		
	Mitigated Negative Declaration		
	EIR		
Task 7 Public Hearings	Negative Declaration		
	Mitigated Negative Declaration		
	EIR		
Task 8	Notice of Determination		

2. **Consultant Personnel Rates.** The Respondent proposes the following hourly rates for the Respondent's personnel completing Consultant Services:

Name	Title/Position	Proposed Hourly Rate

3. **Sub-Consultant Personnel Rates.** The Respondent proposes the following hourly rates for the Respondent's personnel completing Sub-Consultant Services:

Sub-Consultant Name: _____		
Name	Title/Position	Proposed Hourly Rate

4. **Authority.** The undersigned is an employee of the Respondent and is duly authorized to: (i) complete and submit this Proposal on behalf of the Respondent; and (ii) to bind the Respondent to the proposed pricing set forth in this Proposal.

Dated: \_\_\_\_\_  
 By: \_\_\_\_\_  
 Title \_\_\_\_\_