



**APPENDIX Z
FEE SCHEDULE PROPOSAL**

**REAL ESTATE PROFESSIONAL SERVICES
BID #2022-15-RE**

| | | | |
|--------------|-------|---------------|-------|
| Bidder | _____ | Contact | _____ |
| DBA, if any | _____ | Title | _____ |
| Federal ID # | _____ | Email Address | _____ |
| Type of Firm | _____ | Telephone # | _____ |
| Address | _____ | Fax # | _____ |
| | _____ | Web Address | _____ |

Bidders are required to sign and return all pages of Appendix Z.

Bid prices shall be "all inclusive". All prices shall include all direct and indirect costs, including, but not limited to, travel, service agreements, licensing, implementation, direct labor costs, overhead, fee or profit, clerical support, equipment, materials, supplies, managerial (administrative) support, system maintenance, system trouble shooting and modifications, all documents, reports, forms, reproduction, and any other costs.

Bidders are not to change, delete, or make any additions to this form, and are to supply only the bid information that is required. If any changes, deletions, or additions are made by the bidder, or if all of the required bid information is not provided, then at NYSIF's discretion, the bid may be disqualified.

Rates will remain firm for the term of the contract. No escalations are permitted.

The successful bidder will be assigned projects as the need arises during the term of the contract. During the term of the contract, each project must be estimated separately and approved by the New York State Insurance Fund prior to work commencing. No amount of work is guaranteed.

NYSIF is seeking separate rates for the Upstate Region and the Downstate Region of New York. The geographic regions are defined by county under "Attachment 5 – Map of Regions". Bidders must provide blended all-inclusive rates for the services outlined under Appendix Z Fee Schedule for the Regions outlined under the "Attachment 5 – Map of Regions". If the Bidder proposes a zero-value fee for any Service line, that service line should be marked as zero and not left blank. Blank service lines will be evaluated as zero value fees and incorporated into the Contract as such.

Bidders are directed to Section 2.5 of the RFP for further direction on how services are to be billed and paid under the resulting contract. Additionally, escalations will only be permitted as set forth in Section 2.5.5 of the RFP.

Signature: _____ Title: _____

Typed Name: _____ Date: _____

NOTE: Bidders must provide a single percentage or hourly rate where applicable below. Sliding scales and/or ranges will not be accepted. Bidders that do not submit rates in accordance with these requirements may be deemed non-responsive.

BROKERAGE SERVICES

| SERVICE | REGIONS | |
|---|----------|-----------|
| | UPSTATE | DOWNSTATE |
| 1. Commission on Leases – Based Upon Base Rent Only | | |
| a) Commission for Lease Years 1-2 | _____ % | _____ % |
| b) Commission for Lease Years 3-4 | _____ % | _____ % |
| c) Commission for Lease Years 5-6 | _____ % | _____ % |
| d) Commission for Lease Years 7-8 | _____ % | _____ % |
| e) Commission for Lease Years 9-10+ | _____ % | _____ % |
| 2. Commission on Property Acquisition & Disposition | _____ % | _____ % |
| 3. Commission on Lease-Audit Savings Realized | | |
| a) Percentage Commission | _____ % | _____ % |
| b) Hourly Rate | \$ _____ | \$ _____ |

ADDITIONAL SERVICES – RATES ARE FIXED FOR STATEWIDE SERVICE

| CATEGORY OF SERVICE | HOURLY RATE |
|--|-------------|
| 4. Energy Efficiency Management | \$ _____ |
| 5. Construction Management | \$ _____ |
| 6. Parking Management Analysis | \$ _____ |
| 7. Commercial / Residential Appraisal | \$ _____ |
| 8. Lease Data Analysis | \$ _____ |
| 9. Relocation | \$ _____ |
| 10. Environmental Reviews | \$ _____ |
| 11. Strategic Planning / Development | \$ _____ |
| 12. Property Valuation Services | \$ _____ |
| 13. Lease Administration Services (for pre-existing leases only) | \$ _____ |

SUBCONTRACTED SERVICES – RATES ARE FIXED FOR STATEWIDE SERVICE

| | | |
|-----|--|---------|
| 14. | Percentage Markup on Subcontracted Services (not to exceed 5%) | |
| | Refer to Section 2.5.6 for additional information. | _____ % |

Signature: _____ Title: _____
 Typed Name: _____ Date: _____