



PO BOX 66699; ALBANY, NY 12206
518.437.4360 | nysif.com

11/21/24

The following (Revised Fee Schedule) will serve as Amendment #2 to NYSIF's Request for Proposals (RFP) for Industrial Hygienist Services with Risk Control Responses, bid number 2024-87-INS. Material in this Amendment supersedes any contradictory material in the RFP.

Please note that the due date for the submission of bids **has been extended.**

All bids are due 12/18/24, by 2:00 p.m.(eastern).

Sincerely,

A handwritten signature in black ink, appearing to read "V. Ginardi", is positioned above the typed name.

Vincent Ginardi
Supervising Contract Management Specialist



APPENDIX Z
REVISED FEE SCHEDULE PROPOSAL
INDUSTRIAL HYGIENIST SERVICES
BID # 2024-87-INS

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

REGION: _____

The rates must be all-inclusive and include all ancillary costs associated with the delivery of services to NYSIF. All prices shall include all direct and indirect costs, including, but not limited to, travel, direction 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(s), marketing and any other costs associated with the delivery of all required services in the RFP.

No other add-on costs are permitted. As detailed in Section 2.2.D of the RFP, NYSIF may, by amendment to the contract, entertain changes in fees for Billings for additional, enhanced or modified equipment requested and approved by NYSIF.

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.

HOURLY RATE

This rate will be used when the Industrial Hygienist is visiting NYSIF's Policy Holder facilities.

| Title | Hourly Bid Rate |
|---------------------------------------|------------------------|
| Industrial Hygienist | \$ _____ |
| Certified Industrial Hygienist | \$ _____ |

The Industrial Hygienist rate will be the only rate considered for evaluation purposes. Rates for the Certified Industrial Hygienist must be market comparable. NYSIF reserves the right to negotiate the Certified Industrial Hygienist rate to a market accurate rate prior to assigning work.

Signature: _____ Title: _____

Typed Name: _____ Date: _____

PER EXAM/FITTING RATE

If applicable, this rate will be used when clients are visiting the Industrial Hygienists testing facility for the exam/fitting.

| Title | Per Exam/Fitting Rate |
|--|-----------------------|
| <u>Industrial Hygienist Exam/Fitting</u> | \$ _____ |

Signature: _____ Title: _____

Typed Name: _____ Date: _____

Bidders must provide a listing of any and all equipment required to perform the services outlined under this RFQ.

| ANCILLARY EQUIPMENT PRICE LIST | | | | | | |
|---------------------------------------|------------------------|---------------------------|------------------|----------------|-----------------|------------------|
| ITEM | EQUIPMENT TITLE | ASSOCIATED SERVICE | UNIT COST | | | |
| | | | PER UNIT | PER DAY | PER WEEK | PER MONTH |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |

Signature: _____ Title: _____

Typed Name: _____ Date: _____

| ANCILLARY EQUIPMENT PRICE LIST (SUPPLEMENTAL PAGE) | | | | | | |
|---|------------------------|---------------------------|------------------|----------------|-----------------|------------------|
| ITEM | EQUIPMENT TITLE | ASSOCIATED SERVICE | UNIT COST | | | |
| | | | PER UNIT | PER DAY | PER WEEK | PER MONTH |
| 16. | | | | | | |
| 17. | | | | | | |
| 18. | | | | | | |
| 19. | | | | | | |
| 20. | | | | | | |
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| 31. | | | | | | |
| 32. | | | | | | |
| 33. | | | | | | |
| 34. | | | | | | |
| 35. | | | | | | |

Signature: _____ Title: _____

Typed Name: _____ Date: _____