

**SCHEDULE OF PRICES  
FOR**

**KING MEDICAL CENTER AND WILLOWBROOK SHUTTLE SERVICES (2017-PA002)**

The undersigned Bidder offers to perform the work described in the Invitation For Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

Item	Description	Hourly Rate	Estimated Annual Hours	Annual Price (Hourly Rate x Estimated Annual Hours)
1.	Rate for County-Owned Service Vehicle	\$ _____/Hour	<b>11,200</b>	\$ _____
2.	Rate for Contractor-Provided Service Vehicle <sup>1</sup>	\$ _____/Hour	<b>2,800</b>	\$ _____
<b>ESTIMATED TOTAL ANNUAL HOURS</b>			<b>14,000</b>	
<b>TOTAL PROPOSED ANNUAL PRICE</b> _____				\$ _____

LEGAL NAME OF BIDDER	
SIGNATURE OF PERSON AUTHORIZED TO SUBMIT BID	
TITLE OF AUTHORIZED PERSON	DATE

<sup>1</sup>It is estimated that Contractor-provided vehicles may be needed in place of County-provided vehicles for 20% of the total annual hours.

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LEGAL NAME OF BIDDER	
SIGNATURE OF PERSON AUTHORIZED TO SUBMIT BID	
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FOR**

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<b>ESTIMATED TOTAL ANNUAL HOURS</b>			<b>14,000</b>	
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LEGAL NAME OF BIDDER	
SIGNATURE OF PERSON AUTHORIZED TO SUBMIT BID	
TITLE OF AUTHORIZED PERSON	DATE

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# SUMMARY SHEET OF SCHEDULE OF PRICES FOR

## KING MEDICAL CENTER AND WILLOWBROOK SHUTTLE SERVICES (2017-PA002)

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

**NOTE:** Bidder must provide pricing for ALL contract terms including the 5th term. Any submitted bid that does not include pricing for all terms may be rejected at the sole discretion of the County.

It is the responsibility of the Bidder to calculate the Bid price to take into consideration a possible escalation of wages, materials, and other costs during the Contract period. The Board, County, Public Works, District(s), or Director make no representations regarding future costs or the rate of wages that may become necessary to pay employees of the Contractor for the work performed during the Contract period.

	TERMS	ANNUAL PRICE FOR EACH TERM
1	KING MEDICAL CENTER AND WILLOWBROOK SHUTTLE SERVICES – INITIAL TERM	
2	KING MEDICAL CENTER AND WILLOWBROOK SHUTTLE SERVICES – OPTION YEAR 1	
3	KING MEDICAL CENTER AND WILLOWBROOK SHUTTLE SERVICES – OPTION YEAR 2	
4	KING MEDICAL CENTER AND WILLOWBROOK SHUTTLE SERVICES – OPTION YEAR 3	
5	KING MEDICAL CENTER AND WILLOWBROOK SHUTTLE SERVICES – OPTION YEAR 4	
TOTAL PRICE FOR YEARS 1 THROUGH 5		
AVERAGE TOTAL PRICE FOR YEARS 1 THROUGH 5 (TOTAL PRICE FOR YEARS 1 THROUGH 5 ÷ 5 YEARS)		

LEGAL NAME OF BIDDER		
SIGNATURE OF PERSON AUTHORIZED TO SUBMIT BID		
TITLE OF AUTHORIZED PERSON		
DATE	STATE CONTRACTOR'S LICENSE NUMBER	LICENSE TYPE
BIDDER'S ADDRESS:		
PHONE	FACSIMILE	E-MAIL

**FORM LW-8.1**  
**INITIAL TERM (1 of 2)**  
**(July 1, 2017 - December 31, 2017)**

**STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT: KING MEDICAL CENTER & WILLOWBROOK SHUTTLE SERVICES (2017-PA002)**

POSITION/TITLE * (LIST EACH EMPLOYEE SEPARATELY)	HOURS PER DAY							HOURS PER WEEK	APPROXIMATE HOURS (26 x Hrs per wk)	HOURLY WAGE RATE**	COST
	SUN	MON	TUE	WED	THU	FRI	SAT				
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
<b>Comments/Notes:</b>								<b>Total Salaries</b>		\$	-
<b>Please put the Hourly Wage Rate of your Mechanic(s) assigned to this Contract below</b>								(1) Vacations, Sick Leave, Holiday		\$	
								(2) Health Insurance		\$	
								(3) Payroll Taxes & Workers' Compensation		\$	
								(4) Welfare and Pension		\$	
								<b>Total Employee Benefits (1+2+3+4)</b>		\$	-
<b>Mechanic(s)</b>	<b>Hourly Wage Rate</b>										
Mechanic(s) Hourly Rate	\$										
Mechanic(s) Hourly Rate	\$							(5) Equipment Costs		\$	
Mechanic(s) Hourly Rate	\$							(6) Service and Supply Costs		\$	
								(7) General and Administrative Costs		\$	
								(8) Profit		\$	
								<b>Total Other Costs (5+6+7+8)</b>		\$	-
								<b>TOTAL PRICE</b>		\$	-

\* All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County.

\*\* Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program.

Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated annual allowances for vacation, sick, holiday, health and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Proposer's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2, Schedule of Prices, shall prevail.

**The above information was compiled from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the proposal.**

\_\_\_\_\_  
Name of Proposer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FORM LW-8.1**  
**INITIAL TERM (2 of 2)**  
**(January 1, 2018 - June 30, 2018)**

**STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT: KING MEDICAL CENTER & WILLOWBROOK SHUTTLE SERVICES (2017-PA002)**

POSITION/TITLE * (LIST EACH EMPLOYEE SEPARATELY)	HOURS PER DAY							HOURS PER WEEK	APPROXIMATE HOURS (26 x Hrs per wk)	HOURLY WAGE RATE**	COST
	SUN	MON	TUE	WED	THU	FRI	SAT				
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
<b>Comments/Notes:</b>								<b>Total Salaries</b>		\$ -	
Please put the Hourly Wage Rate of your Mechanic(s) assigned to this Contract below								(1) Vacations, Sick Leave, Holiday		\$	
								(2) Health Insurance		\$	
								(3) Payroll Taxes & Workers' Compensation		\$	
								(4) Welfare and Pension		\$	
								<b>Total Employee Benefits (1+2+3+4)</b>		\$ -	
Mechanic(s)	Hourly Wage Rate							(5) Equipment Costs		\$	
Mechanic(s) Hourly Rate	\$							(6) Service and Supply Costs		\$	
Mechanic(s) Hourly Rate	\$							(7) General and Administrative Costs		\$	
								(8) Profit		\$	
								<b>Total Other Costs (5+6+7+8)</b>		\$ -	
								<b>TOTAL PRICE</b>		\$ -	

\* All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County.

\*\* Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program.

Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated annual allowances for vacation, sick, holiday, health and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Proposer's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2, Schedule of Prices, shall prevail.

**The above information was compiled from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the proposal.**

\_\_\_\_\_  
 Name of Proposer

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



**STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT: KING MEDICAL CENTER & WILLOWBROOK SHUTTLE SERVICES (2017-PA002)**

            
Date

**FORM LW-8.2**  
**OPTION YEAR 1 (2 of 2)**  
**(January 1, 2019 - June 30, 2019)**

**STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT: KING MEDICAL CENTER & WILLOWBROOK SHUTTLE SERVICES (2017-PA002)**

[illegible]

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Name of Proposer

Signature

Date \_\_\_\_\_

**STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT: KING MEDICAL CENTER & WILLOWBROOK SHUTTLE SERVICES (2017-PA002)**

Date \_\_\_\_\_

**FORM LW-8.3**  
**OPTION YEAR 2 (2 of 2)**  
**(January 1, 2020 - June 30, 2020)**

**STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT: KING MEDICAL CENTER & WILLOWBROOK SHUTTLE SERVICES (2017-PA002)**

POSITION/TITLE *	HOURS PER DAY							HOURS PER WEEK	APPROXIMATE HOURS (26 x Hrs per wk)	HOURLY WAGE RATE**	COST
	SUN	MON	TUE	WED	THU	FRI	SAT				
(LIST EACH EMPLOYEE SEPARATELY)								0	0		\$ -
								0	0	\$	-
								0	0	\$	-
								0	0	\$	-
								0	0	\$	-
								0	0	\$	-
								0	0	\$	-
								0	0	\$	-
								0	0	\$	-
								0	0	\$	-
								0	0	\$	-
								0	0	\$	-
Comments/Notes:							Total Salaries			\$ -	
Please put the Hourly Wage Rate of your Mechanic(s) assigned to this Contract below							(1) Vacations, Sick Leave, Holiday			\$	
							(2) Health Insurance			\$	
							(3) Payroll Taxes & Workers' Compensation			\$	
							(4) Welfare and Pension			\$	
Mechanic(s)	Hourly Wage Rate						Total Employee Benefits (1+2+3+4)			\$ -	
Mechanic(s) Hourly Rate	\$						(5) Equipment Costs			\$	
Mechanic(s) Hourly Rate	\$						(6) Service and Supply Costs			\$	
Mechanic(s) Hourly Rate	\$						(7) General and Administrative Costs			\$	
							(8) Profit			\$	
							Total Other Costs (5+6+7+8)			\$ -	
							TOTAL PRICE			\$ -	

\* All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County.

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The above information was compiled from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the proposal.

---

Name of Proposer

Signature

Date \_\_\_\_\_

**FORM LW-8.4**  
**OPTION YEAR 3 (1 of 2)**  
**(July 1, 2020 - December 31, 2020)**

**STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT: KING MEDICAL CENTER & WILLOWBROOK SHUTTLE SERVICES (2017-PA002)**

POSITION/TITLE * (LIST EACH EMPLOYEE SEPARATELY)	HOURS PER DAY							HOURS PER WEEK	APPROXIMATE HOURS (26 x Hrs per wk)	HOURLY WAGE RATE**	COST
	SUN	MON	TUE	WED	THU	FRI	SAT				
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
<b>Comments/Notes:</b>								<b>Total Salaries</b>		\$ -	
Please put the Hourly Wage Rate of your Mechanic(s) assigned to this Contract below								(1) Vacations, Sick Leave, Holiday		\$	
								(2) Health Insurance		\$	
								(3) Payroll Taxes & Workers' Compensation		\$	
								(4) Welfare and Pension		\$	
<b>Mechanic(s)</b>		<b>Hourly Wage Rate</b>				<b>Total Employee Benefits (1+2+3+4)</b>		\$ -			
Mechanic(s) Hourly Rate		\$				(5) Equipment Costs		\$			
Mechanic(s) Hourly Rate		\$				(6) Service and Supply Costs		\$			
Mechanic(s) Hourly Rate		\$				(7) General and Administrative Costs		\$			
						(8) Profit		\$			
						<b>Total Other Costs (5+6+7+8)</b>		\$ -			
						<b>TOTAL PRICE</b>		\$ -			

\* All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County.

\*\* Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program.

Note: This cost methodology is to show, in detail, how the Proposer arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated annual allowances for vacation, sick, holiday, health and welfare, and pension. Proposer's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Proposer's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2, Schedule of Prices, shall prevail.

**The above information was compiled from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the proposal.**

\_\_\_\_\_  
 Name of Proposer

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT: KING MEDICAL CENTER & WILLOWBROOK SHUTTLE SERVICES (2017-PA002)**

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Name of Proposer
Signature
Date

**FORM LW-8.5**  
**OPTION YEAR 4 (1 of 2)**  
**(July 1, 2021 - December 31, 2021)**

**STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT: KING MEDICAL CENTER & WILLOWBROOK SHUTTLE SERVICES (2017-PA002)**

POSITION/TITLE * (LIST EACH EMPLOYEE SEPARATELY)	HOURS PER DAY							HOURS PER WEEK	APPROXIMATE HOURS (26 x Hrs per wk)	HOURLY WAGE RATE**	COST
	SUN	MON	TUE	WED	THU	FRI	SAT				
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
								0	0		\$ -
<b>Comments/Notes:</b>								<b>Total Salaries</b>		\$ -	
<b>Please put the Hourly Wage Rate of your Mechanic(s) assigned to this Contract below</b>								(1) Vacations, Sick Leave, Holiday		\$	
								(2) Health Insurance		\$	
								(3) Payroll Taxes & Workers' Compensation		\$	
								(4) Welfare and Pension		\$	
<b>Mechanic(s)</b>	<b>Hourly Wage Rate</b>							<b>Total Employee Benefits (1+2+3+4)</b>		\$ -	
Mechanic(s) Hourly Rate	\$							(5) Equipment Costs		\$	
Mechanic(s) Hourly Rate	\$							(6) Service and Supply Costs		\$	
Mechanic(s) Hourly Rate	\$							(7) General and Administrative Costs		\$	
								(8) Profit		\$	
								<b>Total Other Costs (5+6+7+8)</b>		\$ -	
								<b>TOTAL PRICE</b>		\$ -	

\* All employees shown must be FULL-TIME employees of the proposer, unless exemption to use Part-Time employees has been granted by the County.

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**The above information was compiled from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the proposal.**

\_\_\_\_\_  
Name of Proposer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT: KING MEDICAL CENTER & WILLOWBROOK SHUTTLE SERVICES (2017-PA002)**

\*\* Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program.

Name of Proposer	Signature	Date
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