

**RFP-PO-2200006 SPECIALIZED PROFESSIONAL STAFFING  
ATTACHMENT A: RATES -Amendment No. 3**

(Net 30-day Payment Terms)

**MUST complete Billing Rate for ALL levels of a particular specialized profession to be considered.  
Bidding all specialized profession categories is not required.**

ITEM #	SPECIALIZED PROFESSION (Staff must be able to satisfy all Solicitation & Offer Agreement Requirements/Specifications)	LEVEL	ESTIMATED FTE ANNUAL USAGE QUANTITY	ESTIMATED ANNUAL USAGE QUANTITY	UOM (Per Hour)	LABOR RATE/HR (Amount Employee is paid)	BILLING RATE* (Per Hour)	EXTENDED TOTAL** (Est. Annual Usage X Billing Rate)	
1	Education Coordinator	I	3	6240	HR	\$ 20.79		-	
2	Education Coordinator	II	5	10400	HR	\$ 24.50		-	
3	Education Coordinator	III	3	6240	HR	\$ 26.73		-	
				<b>Educator Coordinator Total Proposed Cost</b>				\$	-
4	Intake Specialist	I	5	10400	HR	\$ 17.50		-	
5	Intake Specialist	II	5	10400	HR	\$ 19.00		-	
6	Intake Specialist	III	5	10400	HR	\$ 20.50		-	
				<b>Intake Specialist Total Proposed Cost</b>				\$	-
7	Program Coordinator	I	3	6240	HR	\$ 23.50		-	
8	Program Coordinator	II	3	6240	HR	\$ 25.00		-	
9	Program Coordinator	III	3	6240	HR	\$ 26.50		-	
				<b>Program Coordinator Total Proposed Cost</b>				\$	-
10	Program Specialist	I	5	10400	HR	\$ 19.00		-	
11	Program Specialist	II	5	10400	HR	\$ 20.50		-	
12	Program Specialist	III	5	10400	HR	\$ 22.00		-	
				<b>Program Specialist Total Proposed Cost</b>				\$	-
13	Program Support Specialist	I	4	8320	HR	\$ 17.00		-	
14	Program Support Specialist	II	4	8320	HR	\$ 18.50		-	
15	Program Support Specialist	III	4	8320	HR	\$ 20.00		-	
				<b>Program Support Specialist Total Proposed Cost</b>				\$	-
16	Office Support	I	5	10400	HR	\$ 15.50		-	
17	Office Support	II	5	10400	HR	\$ 17.00		-	
18	Office Support	III	8	16640	HR	\$ 18.50		-	
				<b>Office Support Total Proposed Cost</b>				\$	-
19	Workforce Development Specialist	I	5	10400	HR	\$ 18.50		-	
20	Workforce Development Specialist	II	8	16640	HR	\$ 20.00		-	
21	Workforce Development Specialist	III	10	20800	HR	\$ 22.50		-	
				<b>Workforce Development Specialist Total Proposed Cost</b>				\$	-

\* Billing Rate to be charged to County (Per Hour). The proposed Billing Rate must include the Labor Rate per hour (amount paid to employee) plus indirect cost, overh

\*\* In Excel, the EXTENDED TOTAL will auto populate upon insertion of Billing Rate