



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

MARK PESTRELLA, Director

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P.O. BOX 1460
ALHAMBRA, CALIFORNIA 91802-1460

July 6, 2020

IN REPLY PLEASE

REFER TO FILE: **BRC-1**

REQUEST FOR STATEMENT OF QUALIFICATIONS - ADDENDUM 1 ON-CALL SAFE, CLEAN WATER PROGRAM – WATERSHED COORDINATOR SERVICES (BRC0000116)

Thank you for your interest in our Request for Statement of Qualifications (RFSQ) for On-Call Safe, Clean Water Program – Watershed Coordinator Services (BRC0000116). Please note the deadline to submit statement of qualifications is **Monday, July 20, 2020, at 5:30 p.m.**

As a reminder, submission of statement of qualifications will only be accepted electronically. Hard copy statement of qualifications submissions will not be accepted.

All addenda and informational updates will be posted at <http://pw.lacounty.gov/brcd/servicecontracts>. Please check the website frequently for any changes to this solicitation.

1. Please note, Form PW-2 (Schedule of Prices) of the RFSQ is deleted in its entirety and replaced with the following revised forms **boldface** and entitled:
 - **Form PW-2.1 (Schedule of Prices for Central Santa Monica Bay)**
 - **Form PW-2.2 (Schedule of Prices for Lower Los Angeles River)**
 - **Form PW-2.3 (Schedule of Prices for Lower San Gabriel River)**
 - **Form PW-2.4 (Schedule of Prices for North Santa Monica Bay)**
 - **Form PW-2.5 (Schedule of Prices for Rio Hondo)**
 - **Form PW-2.6 (Schedule of Prices for Santa Clara River)**
 - **Form PW-2.7 (Schedule of Prices for South Santa Monica Bay)**
 - **Form PW-2.8 (Schedule of Prices for Upper Los Angeles River)**
 - **Form PW-2.9 (Schedule of Prices for Upper San Gabriel River)**

Important: Please use these revised PW-2.1 – 2.9 Forms, attached hereto as Enclosure A, when submitting your proposal. **(Statement of Qualifications submitted with Form PW-2 may be rejected as nonresponsive.)**

If you have any questions concerning the above information, please contact Messrs. David Pang at (626) 458-7167 or Danny Medina at (626) 458-4080, Monday through Thursday, 7 a.m. to 5 p.m.

July 6, 2020
Page 2

Follow us on Twitter:

We encourage you to follow us on Twitter [@LACoPublicWorks](https://twitter.com/LACoPublicWorks) for information on Public Works and instant updates on contracting opportunities and solicitations.

Very truly yours,

MARK PESTRELLA
Director of Public Works



for. JOSE M. QUEVEDO
Assistant Deputy Director
Business Relations and Contracts Division

DP

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**SCHEDULE OF PRICES
FOR
ON-CALL SAFE, CLEAN WATER PROGRAM -
WATERSHED COORDINATOR SERVICES (BRC0000116)**

WATERSHED AREA: CENTRAL SANTA MONICA BAY

*****If you are submitting an SOQ for two contracts for this Watershed Area, please submit two separate Form PW-2.1*****

The undersigned Proposer offers to perform the work described in the Request for Statement of Qualifications (RFSQ) for the following price. The Proposer rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, mileage, transportation, taxes, equipment, and supplies unless stated otherwise in the RFSQ. 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.

TASK DESCRIPTIONS	
Task 1 Description – Facilitate Community Engagement in Safe, Clean Water Program	
Task 2 Description – Identify and Develop Project Concepts	
Task 3 Description – Work with Technical Assistance Teams	
Task 4 Description – Facilitate Identification and Representation of Community Priorities	
Task 5 Description – Integrate Priorities Through Partnerships and Extensive Networks	
Task 6 Description – Cost-share Partners	
Task 7 Description – Leverage Funding	
Task 8 Description – Local Stakeholders Education	
Task 9 Description – Watershed Coordinator Collaboration	
Monthly Total Cost to perform the work described in the Tasks #1 - #9 Above =	\$ _____

**Enclosure A
FORM PW-2.1**

Annual Total Cost to perform the work described in the Tasks #1 - #9 Above (Monthly Total Cost x 12) =	\$ _____
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DESCRIPTION	HOURS PER MONTH	HOURLY PRICE	MONTHLY PRICE (HOURLY PRICE x 10)	ANNUAL TOTAL COST (MONTHLY PRICE X 12)
Pass-Through Work	10 hours	\$ _____	\$ _____	\$ _____
Total Proposed Annual Price* (Annual Total Cost for Tasks #1 - #9 plus Annual Total Cost for Pass-Through Work) =				\$ _____

Please note:

The Proposer's proposed annual amount must not exceed \$200,000.

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

**SCHEDULE OF PRICES
FOR
ON-CALL SAFE, CLEAN WATER PROGRAM -
WATERSHED COORDINATOR SERVICES (BRC0000116)**

WATERSHED AREA: LOWER LOS ANGELES RIVER

The undersigned Proposer offers to perform the work described in the Request for Statement of Qualifications (RFSQ) for the following price. The Proposer rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, mileage, transportation, taxes, equipment, and supplies unless stated otherwise in the RFSQ. 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.

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Task 5 Description – Integrate Priorities Through Partnerships and Extensive Networks	
Task 6 Description – Cost-share Partners	
Task 7 Description – Leverage Funding	
Task 8 Description – Local Stakeholders Education	
Task 9 Description – Watershed Coordinator Collaboration	
Monthly Total Cost to perform the work described in the Tasks #1 - #9 Above =	\$ _____
Annual Total Cost to perform the work described in the Tasks #1 - #9 Above (Monthly Total Cost x 12) =	\$ _____

**Enclosure A
FORM PW-2.2**

DESCRIPTION	HOURS PER MONTH	HOURLY PRICE	MONTHLY PRICE (HOURLY PRICE x 10)	ANNUAL TOTAL COST (MONTHLY PRICE X 12)
Pass-Through Work	10 hours	\$ _____	\$ _____	\$ _____
Total Proposed Annual Price* (Annual Total Cost for Tasks #1 - #9 plus Annual Total Cost for Pass-Through Work) =				\$ _____

Please note:

The Proposer's proposed annual amount must not exceed \$200,000.

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

**SCHEDULE OF PRICES
FOR
ON-CALL SAFE, CLEAN WATER PROGRAM -
WATERSHED COORDINATOR SERVICES (BRC0000116)**

WATERSHED AREA: LOWER SAN GABRIEL RIVER

The undersigned Proposer offers to perform the work described in the Request for Statement of Qualifications (RFSQ) for the following price. The Proposer rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, mileage, transportation, taxes, equipment, and supplies unless stated otherwise in the RFSQ. 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.

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Task 6 Description – Cost-share Partners	
Task 7 Description – Leverage Funding	
Task 8 Description – Local Stakeholders Education	
Task 9 Description – Watershed Coordinator Collaboration	
Monthly Total Cost to perform the work described in the Tasks #1 - #9 Above =	\$ _____
Annual Total Cost to perform the work described in the Tasks #1 - #9 Above (Monthly Total Cost x 12) =	\$ _____

**Enclosure A
FORM PW-2.3**

DESCRIPTION	HOURS PER MONTH	HOURLY PRICE	MONTHLY PRICE (HOURLY PRICE x 10)	ANNUAL TOTAL COST (MONTHLY PRICE X 12)
Pass-Through Work	10 hours	\$ _____	\$ _____	\$ _____
Total Proposed Annual Price* (Annual Total Cost for Tasks #1 - #9 plus Annual Total Cost for Pass-Through Work) =				\$ _____

Please note:

The Proposer's proposed annual amount must not exceed \$200,000.

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

**SCHEDULE OF PRICES
FOR
ON-CALL SAFE, CLEAN WATER PROGRAM -
WATERSHED COORDINATOR SERVICES (BRC0000116)**

WATERSHED AREA: NORTH SANTA MONICA BAY

The undersigned Proposer offers to perform the work described in the Request for Statement of Qualifications (RFSQ) for the following price. The Proposer rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, mileage, transportation, taxes, equipment, and supplies unless stated otherwise in the RFSQ. 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.

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Task 6 Description – Cost-share Partners	
Task 7 Description – Leverage Funding	
Task 8 Description – Local Stakeholders Education	
Task 9 Description – Watershed Coordinator Collaboration	
Monthly Total Cost to perform the work described in the Tasks #1 - #9 Above =	\$ _____
Annual Total Cost to perform the work described in the Tasks #1 - #9 Above (Monthly Total Cost x 12) =	\$ _____

**Enclosure A
FORM PW-2.4**

DESCRIPTION	HOURS PER MONTH	HOURLY PRICE	MONTHLY PRICE (HOURLY PRICE x 10)	ANNUAL TOTAL COST (MONTHLY PRICE X 12)
Pass-Through Work	10 hours	\$ _____	\$ _____	\$ _____
Total Proposed Annual Price* (Annual Total Cost for Tasks #1 - #9 plus Annual Total Cost for Pass-Through Work) =				\$ _____

Please note:

The Proposer’s proposed annual amount must not exceed \$100,000.

LEGAL NAME OF PROPOSER		
SIGNATURE OF PERSON AUTHORIZED TO SUBMIT PROPOSAL		
TITLE OF AUTHORIZED PERSON		
DATE	STATE CONTRACTOR’S LICENSE NUMBER	LICENSE TYPE
PROPOSER’S ADDRESS:		
E-MAIL		
PHONE	MOBILE	FACSIMILE

**SCHEDULE OF PRICES
FOR
ON-CALL SAFE, CLEAN WATER PROGRAM -
WATERSHED COORDINATOR SERVICES (BRC0000116)**

WATERSHED AREA: RIO HONDO

The undersigned Proposer offers to perform the work described in the Request for Statement of Qualifications (RFSQ) for the following price. The Proposer rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, mileage, transportation, taxes, equipment, and supplies unless stated otherwise in the RFSQ. 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.

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Task 8 Description – Local Stakeholders Education	
Task 9 Description – Watershed Coordinator Collaboration	
Monthly Total Cost to perform the work described in the Tasks #1 - #9 Above =	\$ _____
Annual Total Cost to perform the work described in the Tasks #1 - #9 Above (Monthly Total Cost x 12) =	\$ _____

**Enclosure A
FORM PW-2.5**

DESCRIPTION	HOURS PER MONTH	HOURLY PRICE	MONTHLY PRICE (HOURLY PRICE x 10)	ANNUAL TOTAL COST (MONTHLY PRICE X 12)
Pass-Through Work	10 hours	\$ _____	\$ _____	\$ _____
Total Proposed Annual Price* (Annual Total Cost for Tasks #1 - #9 plus Annual Total Cost for Pass-Through Work) =				\$ _____

Please note:

The Proposer's proposed annual amount must not exceed \$200,000.

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

**SCHEDULE OF PRICES
FOR
ON-CALL SAFE, CLEAN WATER PROGRAM -
WATERSHED COORDINATOR SERVICES (BRC0000116)**

WATERSHED AREA: SANTA CLARA RIVER

The undersigned Proposer offers to perform the work described in the Request for Statement of Qualifications (RFSQ) for the following price. The Proposer rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, mileage, transportation, taxes, equipment, and supplies unless stated otherwise in the RFSQ. 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.

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Monthly Total Cost to perform the work described in the Tasks #1 - #9 Above =	\$ _____
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**Enclosure A
FORM PW-2.6**

DESCRIPTION	HOURS PER MONTH	HOURLY PRICE	MONTHLY PRICE (HOURLY PRICE x 10)	ANNUAL TOTAL COST (MONTHLY PRICE X 12)
Pass-Through Work	10 hours	\$ _____	\$ _____	\$ _____
Total Proposed Annual Price* (Annual Total Cost for Tasks #1 - #9 plus Annual Total Cost for Pass-Through Work) =				\$ _____

Please note:

The Proposer's proposed annual amount must not exceed \$200,000.

LEGAL NAME OF PROPOSER		
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DATE	STATE CONTRACTOR'S LICENSE NUMBER	LICENSE TYPE
PROPOSER'S ADDRESS:		
E-MAIL		
PHONE	MOBILE	FACSIMILE

**SCHEDULE OF PRICES
FOR
ON-CALL SAFE, CLEAN WATER PROGRAM -
WATERSHED COORDINATOR SERVICES (BRC0000116)**

WATERSHED AREA: SOUTH SANTA MONICA BAY

The undersigned Proposer offers to perform the work described in the Request for Statement of Qualifications (RFSQ) for the following price. The Proposer rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, mileage, transportation, taxes, equipment, and supplies unless stated otherwise in the RFSQ. 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.

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Monthly Total Cost to perform the work described in the Tasks #1 - #9 Above =	\$ _____
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**Enclosure A
FORM PW-2.7**

DESCRIPTION	HOURS PER MONTH	HOURLY PRICE	MONTHLY PRICE (HOURLY PRICE x 10)	ANNUAL TOTAL COST (MONTHLY PRICE X 12)
Pass-Through Work	10 hours	\$ _____	\$ _____	\$ _____
Total Proposed Annual Price* (Annual Total Cost for Tasks #1 - #9 plus Annual Total Cost for Pass-Through Work) =				\$ _____

Please note:

The Proposer's proposed annual amount must not exceed \$200,000.

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

**SCHEDULE OF PRICES
FOR
ON-CALL SAFE, CLEAN WATER PROGRAM -
WATERSHED COORDINATOR SERVICES (BRC0000116)**

WATERSHED AREA: UPPER LOS ANGELES RIVER

*****If you are submitting an SOQ for more than one contract for this Watershed Area, please submit a separate Form PW-2.8 for each contract*****

The undersigned Proposer offers to perform the work described in the Request for Statement of Qualifications (RFSQ) for the following price. The Proposer rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, mileage, transportation, taxes, equipment, and supplies unless stated otherwise in the RFSQ. 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.

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Task 9 Description – Watershed Coordinator Collaboration	
Monthly Total Cost to perform the work described in the Tasks #1 - #9 Above =	\$ _____

**Enclosure A
FORM PW-2.8**

Annual Total Cost to perform the work described in the Tasks #1 - #9 Above (Monthly Total Cost x 12) =	\$ _____
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DESCRIPTION	HOURS PER MONTH	HOURLY PRICE	MONTHLY PRICE (HOURLY PRICE x 10)	ANNUAL TOTAL COST (MONTHLY PRICE X 12)
Pass-Through Work	10 hours	\$ _____	\$ _____	\$ _____
Total Proposed Annual Price* (Annual Total Cost for Tasks #1 - #9 plus Annual Total Cost for Pass-Through Work) =				\$ _____

Please note:

The Proposer's proposed annual amount must not exceed \$200,000.

LEGAL NAME OF PROPOSER		
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DATE	STATE CONTRACTOR'S LICENSE NUMBER	LICENSE TYPE
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PHONE	MOBILE	FACSIMILE

**SCHEDULE OF PRICES
FOR
ON-CALL SAFE, CLEAN WATER PROGRAM -
WATERSHED COORDINATOR SERVICES (BRC0000116)**

WATERSHED AREA: UPPER SAN GABRIEL RIVER

The undersigned Proposer offers to perform the work described in the Request for Statement of Qualifications (RFSQ) for the following price. The Proposer rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, mileage, transportation, taxes, equipment, and supplies unless stated otherwise in the RFSQ. 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.

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Monthly Total Cost to perform the work described in the Tasks #1 - #9 Above =	\$ _____
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**Enclosure A
FORM PW-2.9**

DESCRIPTION	HOURS PER MONTH	HOURLY PRICE	MONTHLY PRICE (HOURLY PRICE x 10)	ANNUAL TOTAL COST (MONTHLY PRICE X 12)
Pass-Through Work	10 hours	\$ _____	\$ _____	\$ _____
Total Proposed Annual Price* (Annual Total Cost for Tasks #1 - #9 plus Annual Total Cost for Pass-Through Work) =				\$ _____

Please note:

The Proposer's proposed annual amount must not exceed \$200,000.

LEGAL NAME OF PROPOSER		
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TITLE OF AUTHORIZED PERSON		
DATE	STATE CONTRACTOR'S LICENSE NUMBER	LICENSE TYPE
PROPOSER'S ADDRESS:		
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PHONE	MOBILE	FACSIMILE