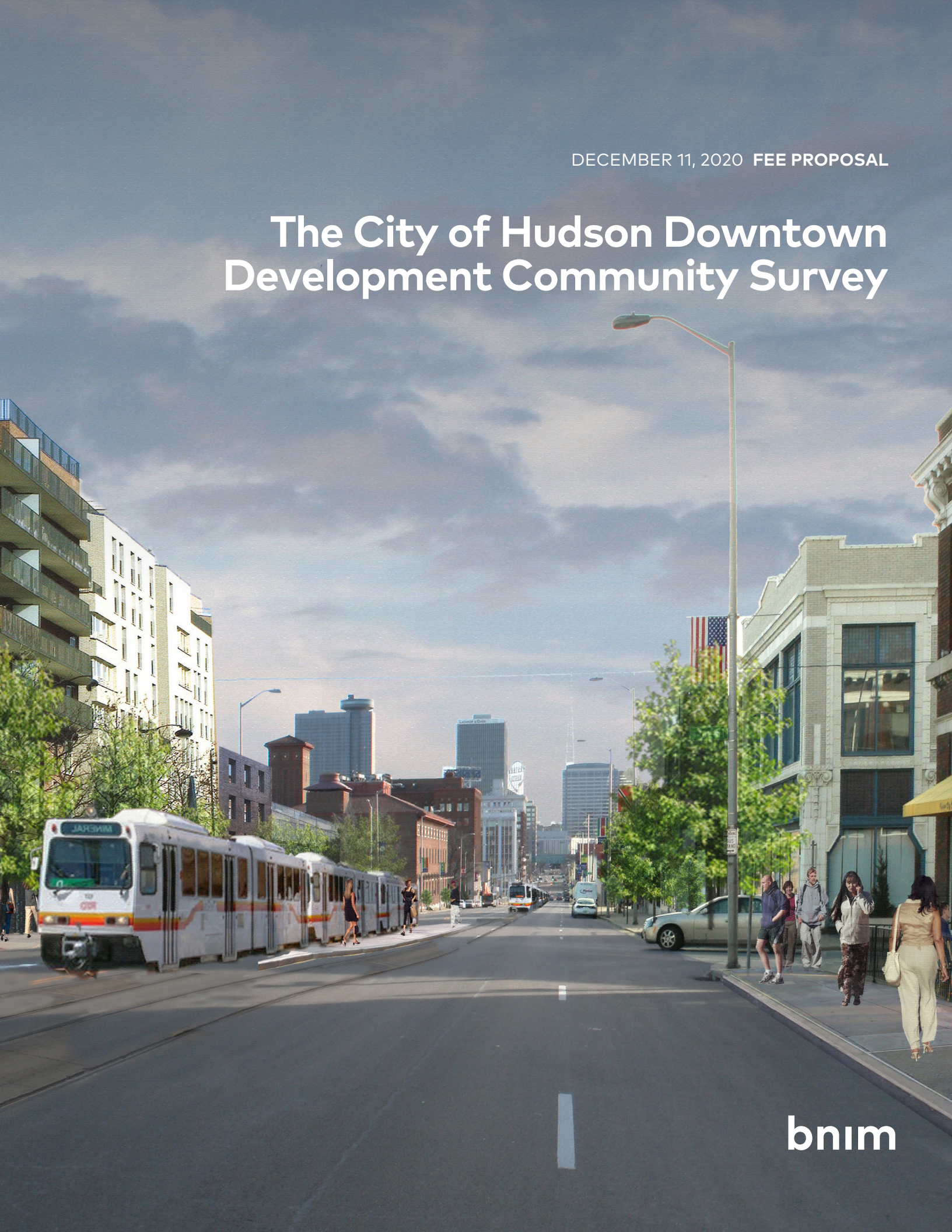


DECEMBER 11, 2020 FEE PROPOSAL

The City of Hudson Downtown Development Community Survey



bnim

8A HOURLY RATES AND CHARGES

BNIM

Hourly Professional Service Rates

Principal	\$275 - \$500
Vice President	\$300
Associate Principal	\$225
Associate 1	\$200
Associate 2	\$150
Senior Design Professional	\$175
Design Professional 1	\$150
Design Professional 2	\$135
Design Professional 3	\$110
Intern	\$75
Administrative	\$100
Senior Administrative	\$185
Information Services	\$210
Graphics	\$175

Reimbursable Expense Rates

Mileage	57.5¢ per mile*
Parking	At Cost
Car Rental	At Cost
Air Travel	At Cost
Hotel	At Cost
Meals	At Cost
Telephone	At Cost
Delivery / Postage	At Cost
B&W copies / prints	15.4¢ per s.f. - (10¢ per 8.5 x 11)
Color prints	\$1.54 per s.f. - (\$1.00 per 8.5 x 11)
PDF copies	7.69¢ per s.f. - (5¢ per 8.5 x 11)
Bond plots	30.0¢ per s.f.
Color plots	\$3.00 per s.f.
Mylar / Color photo plots	\$6.00 per s.f.

* Or current allowable reimbursement rate established by the Internal Revenue Service.

Polco

Survey Lead	\$150
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8B PROFESSIONAL SERVICE FEES AND OTHER COSTS

COST OF SERVICES

BNIM	\$ 19,200
Polco	\$ 18,600

EXPENSES

Printing	\$ 4,100
Postage	\$ 2,900

TOTAL	\$ 44,800
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NOTES

- 1 It is assumed that all meetings will be held virtually due to the pandemic and access to a vaccine in 2021, and so no additional costs are expected for travel to Hudson.
- 2 All deliverables of final reports will be digital only. If hard copies are requested, this will be additional and can be arranged separately.

8C INSURANCE

BNIM's insurance certificate is provided on the following page.

10 SUB-CONSULTANT

Polco is the only sub-consultant performing work as part of this proposal. Polco will serve as Community Survey Consultant to BNIM. Polco and its team of National Research Center (NRC) analysts combine extensive content and methodology expertise with technical capabilities to set a new standard for survey research. Polco has created a place for civil, constructive conversations about the decisions that affect communities to support good government; providing a better way for community stakeholders to give input, share feedback, and surface innovative ideas. The Polco platform was designed to build panels of registered respondents who can be surveyed over time, with their confidentiality and privacy guaranteed. NRC experts have literally written books on how to conduct surveys and how to ensure the results matter. NRC has conducted more than 1,000 surveys of residents, businesses and employees for local governments and other public service agencies. These surveys have been used extensively in comprehensive planning, site development, performance measurement, budgeting, goal setting and strategic planning.

Polco fees are noted above.

11 ADDITIONAL TASKS OR FEES

There are many other types of community engagement that could be considered for this work as illustrated in some of the project examples that we have shared here. Many of these would be in-person events, so are questionable to consider at this time. That said, our team is open to discussing additional engagement opportunities as seen relevant to the work.



CERTIFICATE OF LIABILITY INSURANCE

6/1/2020

DATE (MM/DD/YYYY)
5/20/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: right; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : The Travelers Indemnity Company</td> <td style="text-align: right; border: none;">25658</td> </tr> <tr> <td style="border: none;">INSURER B : The Travelers Indemnity Company of Connecticut</td> <td style="text-align: right; border: none;">25682</td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Travelers Indemnity Company	25658	INSURER B : The Travelers Indemnity Company of Connecticut	25682	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															
INSURED 1080725 BNIM ARCHITECTS, INC. 2460 PERSHING ROAD KANSAS CITY MO 64108															

COVERAGES BNIAR01 **CERTIFICATE NUMBER:** 13423072 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SEVERABILITY <input checked="" type="checkbox"/> CLAUSE APPLIES GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	680-001J41488A (AOS) 680-001J457891(CA)	6/1/2019 6/1/2019	6/1/2020 6/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	N	BA-0624R948	6/1/2019	6/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE				EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	UB5K812412	6/1/2019	6/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) FOR INFORMATIONAL PURPOSES ONLY

CERTIFICATE HOLDER

13423072
SAMPLE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joseph M. Agnello

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