

THE PORT AUTHORITY OF NY & NJ

**PROCUREMENT DEPARTMENT
4 WORLD TRADE CENTER
150 GREENWICH STREET, 21ST FLOOR
NEW YORK, NY 10007**

3/21/2016

ADDENDUM # 2

To prospective Bidder(s) on Bid #45386 Ground Transportation (Shuttle Services) at the Port Authority Technical Center – Three (3) Year Contract

Due back on 3/31/2016, no later than 11:00AM

Originally back on 3/25/2016, no later than 11:00AM

I. CHANGES/MODIFICATIONS

The following changes/modifications are hereby made to the solicitation documents:

The bid due date is extended to 3/31/2016, no later than 11:00AM.

Part IV entitled “**SIGNATURE SHEET, NAME AND RESIDENCE OF PRINCIPALS SHEET AND PRICING SHEET(S)**” is hereby made part of this Contract.

This communication should be initialed by you and annexed to your Bid upon submission.

In case any Bidder fails to conform to these instructions, its Bid will nevertheless be construed as though this communication had been so physically annexed and initialed.

THE PORT AUTHORITY OF NY & NJ

SELENE ORTEGA, MANAGER
COMMODITIES AND SERVICES DIVISION

BIDDER'S FIRM NAME: _____
INITIALED: _____
DATE: _____

QUESTIONS CONCERNING THIS ADDENDUM MAY BE ADDRESSED TO SHANTA NELSON, WHO CAN BE REACHED AT (212) 435-4661 OR AT SNELSON@PANYNJ.GOV.

PART IV – SIGNATURE SHEET, NAME AND RESIDENCE OF PRINCIPALS SHEET AND PRICING SHEET(S), TABLE OF CONTENTS

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**PART IV – SIGNATURE SHEET, NAME AND RESIDENCE OF PRINCIPALS SHEET
AND PRICING SHEET(S)**

1. SIGNATURE SHEET

OFFER: The undersigned offers and agrees to furnish to The Port Authority of New York and New Jersey the services and/or materials in compliance with all terms, conditions, specifications and addenda of the Contract. Signature also certifies understanding and compliance with the certification requirements of the standard terms and conditions as contained in the Standard Contract Terms and Conditions. This offer shall be irrevocable for one hundred twenty (120) days after the date on which the Port Authority opens this bid.

**ONLY THE COMPANY NAMED AS THE BIDDING ENTITY BELOW WILL
RECEIVE PAYMENT. THIS MUST BE THE SAME NAMED COMPANY AS
INDICATED ON THE COVER SHEET**

Bidding Entity _____

Bidder's Address _____

City, State, Zip _____

Telephone No. _____ FAX _____

Email _____ EIN# _____

SIGNATURE _____ Date _____

Print Name and Title _____

ACKNOWLEDGEMENT:

STATE OF: _____

COUNTY OF: _____

On this ___ day of _____, 20____, personally came before me, _____, who duly sworn by me, did depose that (s)he has knowledge of the matters herein stated, that they are in all respects true and that (s)he has been authorized to execute the foregoing offer and statement of irrevocability on behalf of said corporation, partnership or firm.

Notary Public

NOTE: If a joint venture is bidding, duplicate this Signature Sheet and have each party to the joint venture sign separately and affix to the back of this Signature Sheet.

Bidder attention is called to the certification requirements contained in the Standard Contract Terms and Conditions, Part III. Indicate below if a signed, explanatory statement in connection with this section is attached hereto.

If certified by the Port Authority as an SBE or MWBE: _____ (indicate which one and date).

2. NAME AND RESIDENCE OF PRINCIPALS SHEET

Names and Residence of Principals of Bidder. If general or limited partner, or individual, so indicate.

NAME	TITLE	ADDRESS OF RESIDENCE (Do not give business address)
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3. PRICING SHEET(S)

Entry of Prices

- a. The prices quoted shall be written in figures, in ink, preferably in black ink where required in the spaces provided on the Pricing Sheet(s) attached hereto and made a part hereof. Prices must be quoted in United States Dollars. All figures inserted will be interpreted as being quoted in United States Dollars.
- b. All Bidders are asked to ensure that all charges quoted for similar operations in the Contract are consistent.
- c. Prices must be submitted for each Item required on the Pricing Sheet(s). Bidders are advised that the Items on the Pricing Sheet(s) correspond to the required services set forth in the Specifications hereunder.
- d. Bidders must insert all figures as required and verify all computations for accuracy. The Port Authority in its sole judgment reserves the right to: (1) reject Bids without checking them for mathematical errors or omissions, (2) reject Bids that contain or appear to contain errors or omissions, and (3) supply corrections to Bids that contain or appear to contain mathematical errors and omissions, and in this case the Port Authority reserves the right to recompute the Estimated Contract Price based upon the Hourly Rates inserted by the Bidder, which amount shall govern in all cases.
- e. In the event that a Bidder quotes an amount in the Estimated column but omits to quote an Hourly Rate for that amount in the space provided, the Port Authority reserves the right to compute and insert the appropriate Hourly Rate.
- f. The Total Estimated Contract Price is solely for the purpose of facilitating the comparisons of Bids. Compensation shall be in accordance with the section of this Contract entitled "Payment".
- g. The Total Estimated Three (3) Year Contract Price shall be obtained by adding the Estimated Contract Price for the first year of the Contract to the Estimated Contract Price for each subsequent year.

Contractor's Price Sheet – Year One (1) Pricing

	Operating Vehicle Hourly Rate		Estimated Annual Vehicle Hours*		Estimated Year One (1) Contract Price
Route 1 Using Passenger Mini-Bus (HOB - PATC)	\$ _____	X	3437	=	\$ _____
Route 2 Using Passenger Mini-Bus (PATC - HOB)	\$ _____	X	3187	=	\$ _____
Route 3 Using Passenger Van (PATC - JSTC)	\$ _____	X	3437		\$ _____
a. Total Estimated Year (1) One Contract Price				=	\$ _____

Notes:

“Operating Vehicle Hourly Rate” is all inclusive and should include, but not to be limited to labor (wages and benefits), supervision, materials, supplies, vehicle cost, including tolls, travel time, insurance, overhead and profit.

* Operating Vehicle Hourly Rate includes fifteen (15) minutes per Route per workday for cleaning and parking of vehicle.

Contractor's Price Sheet – Year Two (2) Pricing

	Operating Vehicle Hourly Rate		Estimated Annual Vehicle Hours*		Estimated Year Two (2) Contract Price
Route 1 Using __ Passenger Mini-Bus (HOB - PATC)	\$	X	3187	=	\$
Route 2 Using __ Passenger Mini-Bus (PATC - HOB)	\$	X	3437	=	\$
Route 3 Using Passenger Van (PATC - JSTC)	\$	X	3437		\$
b. Total Estimated Year Two (2) Contract Price				=	\$

Notes:

“Operating Vehicle Hourly Rate” is all inclusive and should include, but not to be limited to labor (wages and benefits), supervision, materials, supplies, vehicle cost, including tolls, travel time, insurance, overhead and profit.

* Operating Vehicle Hourly Rate includes fifteen (15) minutes per Route per workday for cleaning and parking of vehicle.

Contractor's Price Sheet – Year Three (3) Pricing

	Operating Vehicle Hourly Rate		Estimated Annual Vehicle Hours*		Estimated Year Three (3) Contract Price
Route 1 Using Passenger Mini-Bus (HOB - PATC)	\$	X	3187	=	\$
Route 2 Using Passenger Mini-Bus (PATC - HOB)	\$	X	3437	=	\$
Route 3 Using Passenger Van (PATC - JSTC)	\$	X	3437		\$
c. Total Estimated Year Three (3) Contract Price				=	\$

Notes: "Operating Vehicle Hourly Rate" is all inclusive and should include, but not to be limited to labor (wages and benefits), supervision, materials, supplies, vehicle cost, including tolls, travel time, insurance, overhead and profit.

* Operating Vehicle Hourly Rate includes fifteen (15) minutes per Route per workday for cleaning and parking of vehicle.

SWAC REIMBURSEMENT

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SUMMARY OF PRICES:

- A. Year One (1) Estimated Contract Price** \$ _____
- B. Year Two (2) Estimated Contract Price** \$ _____
- C. Year Three (3) Estimated Contract Price** \$ _____
- D. SWAC Reimbursement** **\$4,900.00**

TOTAL ESTIMATED THREE (3) YEAR CONTRACT PRICE \$ _____
(Sum of a+b+c+d)

4. CALCULATION OF HOURLY RATE FORM

INSTRUCTIONS FOR CALCULATION OF AVERAGE HOURLY RATE FORM

Attached are the “Calculation of Average Hourly Rate” forms for the enumerated positions under this Contract, for each year of the Base Term. A separate form is required for each employee category. The Proposer shall use these forms in support of the Wages, Health and Supplemental Benefits Clause required under this Contract. When completing this form, please refer to the definitions located in the aforementioned clause.

A Proposer or Bidder’s entries in these forms for Item#1, Item#2 and Item #3 shall become requirements if the proposal or bid is accepted by the Port Authority and the Proposer or Bidder must maintain the averages quoted at all times.

Nothing in the forms shall modify the requirements of the clause entitled, “Wages, Health and Supplemental Benefits” or the terms and conditions of the subject Contract.

Please note that all calculations should be based on two thousand and eighty (2080) annual hours.

CONTRACTOR'S NAME: _____ BID NUMBER _____
GROUND TRANSPORTATION (SHUTLE SERVICE) AT THE PORT AUTHORITY TECHNICAL CENTER

YEAR ONE: DRIVER \$
MINIMUM WAGE: \$13.70
FULL-TIME EMPLOYEES FORM

ITEM# 1

NUMBER OF EMPLOYEES _____
AVERAGE HOURLY DIRECT WAGES \$ _____

ITEM #2

AVERAGE HEALTH BENEFITS
HEALTH \$ _____

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW)		NUMBER OF DAYS PROVIDED
HOLIDAY ALLOWANCE	\$ _____	_____
VACATION ALLOWANCE	\$ _____	_____
SICK TIME ALLOWANCE	\$ _____	_____
PENSION	\$ _____	
WELFARE	\$ _____	
OTHER SUPPLEMENTAL BENEFITS SPECIFY _____	\$ _____	
SUB TOTAL (ITEMS # 1, 2 & 3)	\$ _____	subtotal 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A. \$ _____
N.Y.S.U.I./ N.J.S.U.I. \$ _____
F.U.I. \$ _____
WORKERS' COMPENSATION \$ _____
GENERAL LIABILITY INSURANCE \$ _____
DISABILITY INSURANCE \$ _____
OTHER TAXES AND INSURANCE \$ _____
SPECIFY _____

ITEM #5

AVERAGE ADDITIONAL COMPONENTS
(IF APPLICABLE)

VEHICLE/MTCE/FUEL	\$ _____
UNIFORMS	\$ _____
EQUIPMENT	\$ _____
MATERIALS	\$ _____
SUPPLIES	\$ _____
RELIEF	\$ _____
ROLL CALL	\$ _____
OTHER COMPONENTS NOT SPECIFIED ABOVE SPECIFY _____	\$ _____

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD
AND PROFIT \$ _____

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ _____
BID NUMBER _____

PART IV - 9
PART IV – SIGNATURE SHEET, NAME AND RESIDENCE OF PRINCIPALS SHEET AND PRICING SHEET(S)

CONTRACTOR'S NAME: _____ BID NUMBER _____
GROUND TRANSPORTATION (SHUTLE SERVICE) AT THE PORT AUTHORITY TECHNICAL CENTER

YEAR ONE: SUPERVISING DRIVER \$ _____
MINIMUM WAGE: \$15.38
FULL-TIME EMPLOYEES FORM

ITEM # 1

NUMBER OF EMPLOYEES _____
AVERAGE HOURLY DIRECT WAGES \$ _____

ITEM #2

AVERAGE HEALTH BENEFITS
HEALTH \$ _____

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW) NUMBER OF
DAYS PROVIDED

HOLIDAY ALLOWANCE \$ _____
VACATION ALLOWANCE \$ _____
SICK TIME ALLOWANCE \$ _____
PENSION \$ _____
WELFARE \$ _____
OTHER SUPPLEMENTAL BENEFITS \$ _____
SPECIFY _____

SUB TOTAL (ITEMS # 1, 2 & 3) \$ _____ subtotal 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A. \$ _____
N.Y.S.U.I./ N.J.S.U.I. \$ _____
F.U.I. \$ _____
WORKERS' COMPENSATION \$ _____
GENERAL LIABILITY INSURANCE \$ _____
DISABILITY INSURANCE \$ _____
OTHER TAXES AND INSURANCE \$ _____
SPECIFY _____

ITEM #5

AVERAGE ADDITIONAL COMPONENTS
(IF APPLICABLE)

VEHICLE/MTCE/FUEL \$ _____
UNIFORMS \$ _____
EQUIPMENT \$ _____
MATERIALS \$ _____
SUPPLIES \$ _____
RELIEF \$ _____
ROLL CALL \$ _____
OTHER COMPONENTS NOT SPECIFIED ABOVE \$ _____
SPECIFY _____

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD
AND PROFIT \$ _____

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ _____

CONTRACTOR'S NAME: _____ BID NUMBER _____

GROUND TRANSPORTATION (SHUTLE SERVICE) AT THE PORT AUTHORITY TECHNICAL CENTER

PART IV - 10
PART IV – SIGNATURE SHEET, NAME AND RESIDENCE OF PRINCIPALS SHEET AND PRICING SHEET(S)

YEAR ONE: ON-SITE SUPERVISOR \$

MINIMUM WAGE: \$17.38

FULL-TIME EMPLOYEES FORM

ITEM # 1

NUMBER OF EMPLOYEES _____
AVERAGE HOURLY DIRECT WAGES \$ _____

ITEM #2

AVERAGE HEALTH BENEFITS
HEALTH \$ _____

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW) NUMBER OF
DAYS PROVIDED

HOLIDAY ALLOWANCE \$ _____
VACATION ALLOWANCE \$ _____
SICK TIME ALLOWANCE \$ _____
PENSION \$ _____
WELFARE \$ _____
OTHER SUPPLEMENTAL BENEFITS \$ _____
SPECIFY _____

SUB TOTAL (ITEMS # 1, 2 & 3) \$ _____ subtotal 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A. \$ _____
N.Y.S.U.I./ N.J.S.U.I. \$ _____
F.U.I. \$ _____
WORKERS' COMPENSATION \$ _____
GENERAL LIABILITY INSURANCE \$ _____
DISABILITY INSURANCE \$ _____
OTHER TAXES AND INSURANCE \$ _____
SPECIFY _____

ITEM #5

AVERAGE ADDITIONAL COMPONENTS
(IF APPLICABLE)

VEHICLE/MTCE/FUEL \$ _____
UNIFORMS \$ _____
EQUIPMENT \$ _____
MATERIALS \$ _____
SUPPLIES \$ _____
RELIEF \$ _____
ROLL CALL \$ _____
OTHER COMPONENTS NOT SPECIFIED ABOVE \$ _____
SPECIFY _____

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD
AND PROFIT \$ _____

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ _____

CONTRACTOR'S NAME: _____ BID NUMBER _____

GROUND TRANSPORTATION (SHUTLE SERVICE) AT THE PORT AUTHORITY TECHNICAL CENTER

PART IV - 11

PART IV – SIGNATURE SHEET, NAME AND RESIDENCE OF PRINCIPALS SHEET AND PRICING SHEET(S)

YEAR TWO: DRIVER \$
MINIMUM WAGE: \$13.84
FULL-TIME EMPLOYEES FORM

ITEM # 1

NUMBER OF EMPLOYEES _____
 AVERAGE HOURLY DIRECT WAGES \$ _____

ITEM #2

AVERAGE HEALTH BENEFITS
 HEALTH \$ _____

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW)		NUMBER OF DAYS PROVIDED
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HOLIDAY ALLOWANCE	\$ _____	_____
VACATION ALLOWANCE	\$ _____	_____
SICK TIME ALLOWANCE	\$ _____	_____
PENSION	\$ _____	
WELFARE	\$ _____	
OTHER SUPPLEMENTAL BENEFITS	\$ _____	
SPECIFY _____		

SUB TOTAL (ITEMS # 1, 2 & 3) \$ _____ subtotal 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A.	\$ _____
N.Y.S.U.I./ N.J.S.U.I.	\$ _____
F.U.I.	\$ _____
WORKERS' COMPENSATION	\$ _____
GENERAL LIABILITY INSURANCE	\$ _____
DISABILITY INSURANCE	\$ _____
OTHER TAXES AND INSURANCE	\$ _____
SPECIFY _____	

ITEM #5

AVERAGE ADDITIONAL COMPONENTS
 (IF APPLICABLE)

VEHICLE/MTCE/FUEL	\$ _____
UNIFORMS	\$ _____
EQUIPMENT	\$ _____
MATERIALS	\$ _____
SUPPLIES	\$ _____
RELIEF	\$ _____
ROLL CALL	\$ _____
OTHER COMPONENTS NOT SPECIFIED ABOVE \$ _____	
SPECIFY _____	

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD
 AND PROFIT \$ _____

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ _____

CONTRACTOR'S NAME: _____ BID NUMBER _____
GROUND TRANSPORTATION (SHUTLE SERVICE) AT THE PORT AUTHORITY TECHNICAL CENTER
YEAR TWO: SUPERVISING DRIVER \$ _____
MINIMUM WAGE: \$15.54
FULL-TIME EMPLOYEES FORM

ITEM # 1

NUMBER OF EMPLOYEES _____
 AVERAGE HOURLY DIRECT WAGES \$ _____

ITEM #2

AVERAGE HEALTH BENEFITS
 HEALTH \$ _____

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW)		NUMBER OF DAYS PROVIDED
HOLIDAY ALLOWANCE	\$ _____	_____
VACATION ALLOWANCE	\$ _____	_____
SICK TIME ALLOWANCE	\$ _____	_____
PENSION	\$ _____	
WELFARE	\$ _____	
OTHER SUPPLEMENTAL BENEFITS SPECIFY _____	\$ _____	
SUB TOTAL (ITEMS # 1, 2 & 3)		\$ _____ subtotal 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A. \$ _____
 N.Y.S.U.I./ N.J.S.U.I. \$ _____
 F.U.I. \$ _____
 WORKERS' COMPENSATION \$ _____
 GENERAL LIABILITY INSURANCE \$ _____
 DISABILITY INSURANCE \$ _____
 OTHER TAXES AND INSURANCE \$ _____
 SPECIFY _____

ITEM #5

AVERAGE ADDITIONAL COMPONENTS
 (IF APPLICABLE)
 VEHICLE/MTCE/FUEL \$ _____
 UNIFORMS \$ _____
 EQUIPMENT \$ _____
 MATERIALS \$ _____
 SUPPLIES \$ _____
 RELIEF \$ _____
 ROLL CALL \$ _____
 OTHER COMPONENTS NOT SPECIFIED ABOVE \$ _____
 SPECIFY _____

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD
 AND PROFIT \$ _____

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ _____

CONTRACTOR'S NAME: _____ BID NUMBER _____

GROUND TRANSPORTATION (SHUTLE SERVICE) AT THE PORT AUTHORITY TECHNICAL CENTER

YEAR TWO: ON-SITE SUPERVISOR \$

MINIMUM WAGE: \$17.55

FULL-TIME EMPLOYEES FORM

ITEM # 1

NUMBER OF EMPLOYEES _____
AVERAGE HOURLY DIRECT WAGES \$ _____

ITEM #2

AVERAGE HEALTH BENEFITS
HEALTH \$ _____

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW) NUMBER OF
DAYS PROVIDED

HOLIDAY ALLOWANCE \$ _____
VACATION ALLOWANCE \$ _____
SICK TIME ALLOWANCE \$ _____
PENSION \$ _____
WELFARE \$ _____
OTHER SUPPLEMENTAL BENEFITS \$ _____
SPECIFY _____

SUB TOTAL (ITEMS # 1, 2 & 3) \$ _____ subtotal 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A. \$ _____
N.Y.S.U.I./ N.J.S.U.I. \$ _____
F.U.I. \$ _____
WORKERS' COMPENSATION \$ _____
GENERAL LIABILITY INSURANCE \$ _____
DISABILITY INSURANCE \$ _____
OTHER TAXES AND INSURANCE \$ _____
SPECIFY _____

ITEM #5

AVERAGE ADDITIONAL COMPONENTS
(IF APPLICABLE)

VEHICLE/MTCE/FUEL \$ _____
UNIFORMS \$ _____
EQUIPMENT \$ _____
MATERIALS \$ _____
SUPPLIES \$ _____
RELIEF \$ _____
ROLL CALL \$ _____
OTHER COMPONENTS NOT SPECIFIED ABOVE \$ _____
SPECIFY _____

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD
AND PROFIT \$ _____

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ _____

CONTRACTOR'S NAME: _____ BID NUMBER _____ GROUND
TRANSPORTATION (SHUTLE SERVICE) AT THE PORT AUTHORITY TECHNICAL CENTER

PART IV - 14
PART IV – SIGNATURE SHEET, NAME AND RESIDENCE OF PRINCIPALS SHEET AND PRICING SHEET(S)

YEAR THREE: DRIVER \$
MINIMUM WAGE: \$13.98
FULL-TIME EMPLOYEES FORM

ITEM # 1

NUMBER OF EMPLOYEES _____
 AVERAGE HOURLY DIRECT WAGES \$ _____

ITEM #2

AVERAGE HEALTH BENEFITS
 HEALTH \$ _____

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW)		NUMBER OF DAYS PROVIDED
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HOLIDAY ALLOWANCE	\$ _____		
VACATION ALLOWANCE	\$ _____		
SICK TIME ALLOWANCE	\$ _____		
PENSION	\$ _____		
WELFARE	\$ _____		
OTHER SUPPLEMENTAL BENEFITS	\$ _____		
SPECIFY _____			

SUB TOTAL (ITEMS # 1, 2 & 3) \$ _____ subtotal 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A.	\$ _____	
N.Y.S.U.I./ N.J.S.U.I.	\$ _____	
F.U.I.	\$ _____	
WORKERS' COMPENSATION	\$ _____	
GENERAL LIABILITY INSURANCE	\$ _____	
DISABILITY INSURANCE	\$ _____	
OTHER TAXES AND INSURANCE	\$ _____	
SPECIFY _____		

ITEM #5

AVERAGE ADDITIONAL COMPONENTS
 (IF APPLICABLE)

VEHICLE/MTCE/FUEL	\$ _____	
UNIFORMS	\$ _____	
EQUIPMENT	\$ _____	
MATERIALS	\$ _____	
SUPPLIES	\$ _____	
RELIEF	\$ _____	
ROLL CALL	\$ _____	
OTHER COMPONENTS NOT SPECIFIED ABOVE \$	_____	
SPECIFY _____		

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD
 AND PROFIT \$ _____

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ _____

CONTRACTOR'S NAME: _____ BID NUMBER _____
GROUND TRANSPORTATION (SHUTLE SERVICE) AT THE PORT AUTHORITY TECHNICAL CENTER

YEAR THREE: SUPERVISING DRIVER \$

MINIMUM WAGE: \$15.69

FULL-TIME EMPLOYEES FORM

ITEM# 1

NUMBER OF EMPLOYEES _____
AVERAGE HOURLY DIRECT WAGES \$ _____

ITEM #2

AVERAGE HEALTH BENEFITS
HEALTH \$ _____

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW)		NUMBER OF DAYS PROVIDED
HOLIDAY ALLOWANCE	\$ _____	_____
VACATION ALLOWANCE	\$ _____	_____
SICK TIME ALLOWANCE	\$ _____	_____
PENSION	\$ _____	
WELFARE	\$ _____	
OTHER SUPPLEMENTAL BENEFITS SPECIFY _____	\$ _____	
SUB TOTAL (ITEMS # 1, 2 & 3)	\$ _____	subtotal 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A. \$ _____
N.Y.S.U.I./ N.J.S.U.I. \$ _____
F.U.I. \$ _____
WORKERS' COMPENSATION \$ _____
GENERAL LIABILITY INSURANCE \$ _____
DISABILITY INSURANCE \$ _____
OTHER TAXES AND INSURANCE \$ _____
SPECIFY _____

ITEM #5

AVERAGE ADDITIONAL COMPONENTS
(IF APPLICABLE)

VEHICLE/MTCE/FUEL \$ _____
UNIFORMS \$ _____
EQUIPMENT \$ _____
MATERIALS \$ _____
SUPPLIES \$ _____
RELIEF \$ _____
ROLL CALL \$ _____
OTHER COMPONENTS NOT SPECIFIED ABOVE \$ _____
SPECIFY _____

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD
AND PROFIT \$ _____

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ _____

CONTRACTOR'S NAME: _____ BID NUMBER _____
GROUND TRANSPORTATION (SHUTLE SERVICE) AT THE PORT AUTHORITY TECHNICAL CENTER
YEAR THREE: ON-SITE SUPERVISOR \$
MINIMUM WAGE: \$17.73
FULL-TIME EMPLOYEES FORM

ITEM# 1

NUMBER OF EMPLOYEES _____
 AVERAGE HOURLY DIRECT WAGES \$ _____

ITEM #2

AVERAGE HEALTH BENEFITS
 HEALTH \$ _____

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW)		NUMBER OF DAYS PROVIDED
HOLIDAY ALLOWANCE	\$ _____	_____
VACATION ALLOWANCE	\$ _____	_____
SICK TIME ALLOWANCE	\$ _____	_____
PENSION	\$ _____	
WELFARE	\$ _____	
OTHER SUPPLEMENTAL BENEFITS SPECIFY _____	\$ _____	

SUB TOTAL (ITEMS # 1, 2 & 3) \$ _____ subtotal 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A.	\$ _____
N.Y.S.U.I./ N.J.S.U.I.	\$ _____
F.U.I.	\$ _____
WORKERS' COMPENSATION	\$ _____
GENERAL LIABILITY INSURANCE	\$ _____
DISABILITY INSURANCE	\$ _____
OTHER TAXES AND INSURANCE SPECIFY _____	\$ _____

ITEM #5

AVERAGE ADDITIONAL COMPONENTS
 (IF APPLICABLE)

VEHICLE/MTCE/FUEL	\$ _____
UNIFORMS	\$ _____
EQUIPMENT	\$ _____
MATERIALS	\$ _____
SUPPLIES	\$ _____
RELIEF	\$ _____
ROLL CALL	\$ _____
OTHER COMPONENTS NOT SPECIFIED ABOVE SPECIFY _____	\$ _____

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD
 AND PROFIT \$ _____

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ _____