October 28, 2026

Addendum No 1.

Request for Qualifications
On-Call Environmental Professional Services
within Milwaukee County

This Addendum to the Request for Qualifications (RFQ) is issued to modify, explain or correct the original documents, dated October 16, 2026, and is hereby made part of the RFQ.

DESCRIPTION
This addendum addresses:
- Addition of Attachment B-1

CLARIFICATIONS
Provided for fee structure. This form is not needed in the submittal for this RFQ, but will be required once the contract has been awarded.

.

REVISIONS
- Addition of Attachment B-1

ATTACHMENTS
1. Attachment B-1

End of Addendum No. 1

MILWAUKEE COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES, FACILITIES MANAGEMENT DIVISION

MANPOWER, DIRECT SALARY RATE AND OVERHEAD & PROFIT FACTOR SCHEDULE
Used For Additional Services Only
Separate Schedule Required for Prime Consultant & each Subconsultant

Firm Name: _____ Principal-in-Charge: _____

Wisconsin Reg. Number: _____

Principal's Flat Rate: .....$_____/hr.

Overhead & Profit Factor (multiplier): .....

(Include copy of audited account of overhead factor or complete **Attachment "B-2"**)

Name	Classification	Direct Salary Rate/Hour

Direct Salary Rate is defined as each employee's actual and verifiable gross hourly cost of salary ("W-2" Statement Salary), exclusive of incentive bonus or other non-direct salary expenses.

Overhead & Profit Factor is defined as the multiplying factor representing each employee's pro-rata share of all other direct and indirect expenses and profit for the CONSULTANT. This factor remains fixed for the life of the Project.

Additions and deletions of personnel or permanent classification changes must be submitted for approval at the time the changes occur. For multi-year projects, changes in basic salary rates may be submitted for approval only in January of each calendar year.

The foregoing is a true and actual accounting of the rates:

as of: _____, 20____

Signature: _____

Title: _____

Approved for Milwaukee County
Department of Administrative Services, Facilities Management Division

_____

Date: _____, 20_____

Signature: _____

Title: _____

If your firm does not possess a FAR audit certified rate, please complete the following:

Overhead Rate = _____ (Without Profit)

_____ does not have an audit-certified
(Name of Firm)

The above rate calculation, which includes all non-direct costs considered to be proper and appropriate to the provision of professional services covered by this Annual Consultant Agreement for Professional Services, was prepared in accordance with the standards of:

_____
(Accounting Practice Used)

It is understood and agreed that no direct charge will be made for labor or expenses included in the Overhead Rate Factor.

Signature: _____ Date: _____

Title: _____