Exhibits

Exhibit A – Project Transition Schedule

Exhibit B – Pricing Instructions & Forms

Exhibit C-1 – Proposal Cover Sheet

Exhibit C-2 – List of Subcontractors Form and RS-2 Form

Exhibit C-3 – Recent Client List

Exhibit C-4 – Proposer Questions Form

Exhibit C-5 – Non-Collusion Forms

Exhibit C-6 – Acknowledgment of Receipt of Addenda

Exhibit C-7 - HUB Supplemental Supplier Information

Exhibit A
Project Transition Schedule

Exhibit A – Project Transition Schedule		
Major Milestone Description	**Projected Start**	**Projected End**
Phase 1	Spring 2026	Summer 2027
Notice to Proceed (NTP)	April 2026	--
Project Kickoff Meeting	April 2026	--
Project Planning Documentation (Standard Operating Procedures)		30 Calendar Days after NTP
Phase 2	Summer 2027	Optional two (2) two (2) year extensions

Exhibit B
Pricing Instructions & Forms

(An Excel version is "paper clipped" to this Exhibits file for completion.)

Tab / Title		Definition / Instructions	Cell Reference
Tab B - Project Summary	N/A	This tab represents a roll-up of the base contract (Years 1-5) costs to NCTA. The Proposer is not required to provide any input to this sheet.	N/A
Tab C - Operations Phase 1	Proposer shall provide an pricing for management oversight of all properties, preventative maintenance of all triple-net facilities, labor rates for corrective maintence, and percentage markups for equipment, materials, and administrative costs for subcontractors.		
	Documentation	Enter a lump sum price that includes all work, tasks, materials, and labor required to complete the Standard Operating Procedures. Documents must receive NCTA Approval in order to be considered complete.	**C4**
	Oversight Services - Leased Facilities	Enter a price for Contractor oversight of the NCTA buildings for full service leases and those under triple-net leases. Price is entered per square foot.	**C7-C8**
	Oversight Services - Toll Vaults	Enter a price for Contractor oversight of a RTCS Toll Vaults, for oversight only. Price is entered per vault.	**C9**
	Maintenance Services - Labor	Enter Labor rates for each of the maintenance labor types. Other labor types can be added on Tab E - Labor Rates	**B14-B17**
	Maintenance Services - Markup and Fees	Enter percentage mark-up for Materials, Equipment, and Adminstative Costs for Subcontractors.	**B20-B22**

Tab / Title		Definition / Instructions	Cell Reference
Tab D - Operations Phase 2	Proposer shall provide pricing for management oversight and maintenance of the Toll Vaults for future work, labor rates for corrective maintence, and percentage markups for equipment, materials, and administrative costs for Subcontractors.		
	Oversight Services - Leased Facilities	For each year, enter a price for Contractor oversight of the NCTA buildings for full service leases and those under triple-net leases. Price is entered per square foot.	**C5-C6, D5-D6, E5-E6, F5-F6**
	Oversight Services - Toll Vaults	For each year, enter a price for preventative maintenace and monitoring of Toll Vaults. Price should be for all required preventative services for the calendar year, distributed into 12 equal monthly maintenance fees per vault.	**C7, D7, E7, F7**
	Implementation	Enter a price that includes all work, tasks, materials, and labor required to install and intergrate the Access Control and Security Monitoring System (ACSMS), Critical Enviromental Monitoring System (CEMS), and Weather Monitoring System (WMS).	**C10-C12**
	Maintenance Services - Labor	Enter an hourly labor rate for each of the maintenance labor types. Other labor types can be added on Tab E - Labor Rates	**B17-B20**
	Maintenance Services - Markup and Fees	Enter percentage mark-up for Materials, Equipment, and Adminstative Costs for Subcontractors.	**B23-B25**
Tab E - Labor Rates	Proposer shall enter labor rates for positions listed for reference to be used for Extra Work and Change Orders, if needed.		
	Labor Position / Classification	Any labor positions / classifications that are not pre-loaded into Tab E can be added in Column A, Rows 14-19.	**A14-A19**
	Hourly Labor Rate	Enter an hourly labor rate for each listed position / classification.	**B4-B19**

Instruction Notes:	1. Cells shaded in Yellow on the following tabs require Proposer input. When a valid value has been input, the cell will be shaded blue.
	2. Cells in shaded light green on the following tabs are formulas and are locked. No Proposer input is required.
	3. This Price Proposal shall be inclusive of all costs, fees, and applicable taxes needed to meet the requirements of the RFP, included in Part III, Scope of Work and Requirements. Prices shall be the maximum Price for Work outlined in this Exhibit C.
	4. NCTA Approval of documents are defined as NCTA final acceptance of the specified plans, manuals, and documents as described in the RFP.

Facilities Management Project Summary (No Proposer Input Required)			
Operations Phase 1 - Year 1 Base Contract	**Total Cost Per Unit ($)**	**Qty.**	**Year 1 Monthly Cost**
Facility Management - All Properties			
Leased Properties (Oversight Only)	$ -	37,280	$ -
Leased Properties (Triple-net)	$ -	11,140	$ -
Facility Management - Toll Vaults			
Toll Vaults	$ -	28	$ -
Operations Phase 1 - Year 1 Base Contract	**Total Cost Per Unit ($)**	**Qty.**	**Total Cost**
Documentation			
Standard Operating Procedures	$ -	1	$ -
Operations Phase 2 - Year 2 Base Contract	**Total Cost Per Unit ($)**	**Qty.**	**Year 2 Monthly Cost**
Facility Management - All Properties			
Leased Properties (Oversight Only)	$ -	37,280	$ -
Leased Properties (Triple-net)	$ -	11,140	$ -
Facility Management - Toll Vaults			
Toll Vaults	$ -	28	$ -
Operations Phase 2 - Year 3 Base Contract	**Total Cost Per Unit ($)**	**Qty.**	**Year 3 Monthly Cost**
Facility Management - All Properties			
Leased Properties (Oversight Only)	$ -	37,280	$ -
Leased Properties (Triple-net)	$ -	11,140	$ -
Facility Management - Toll Vaults			
Toll Vaults	$ -	28	$ -
Operations Phase 2 - Year 4 Base Contract	**Total Cost Per Unit ($)**	**Qty.**	**Year 4 Monthly Cost**
Facility Management - All Properties			
Leased Properties (Oversight Only)	$ -	37,280	$ -
Leased Properties (Triple-net)	$ -	11,140	$ -
Facility Management - Toll Vaults			
Toll Vaults	$ -	28	$ -
Operations Phase 2 - Year 5 Base Contract	**Total Cost Per Unit ($)**	**Qty.**	**Year 5 Monthly Cost**
Facility Management - All Properties			
Leased Properties (Oversight Only)	$ -	37,280	$ -
Leased Properties (Triple-net)	$ -	11,140	$ -
Facility Management - Toll Vaults			
Toll Vaults	$ -	28	$ -
Total Base Contract Maintenace Costs			**$ -**

Implementation Items	Total Cost Per Unit ($)	Projected Qty.	Year 5 Monthly Cost
Access Control and Security Monitoring System (ACSMS)	$ -	32	$ -
Critical Enviromental Monitoring System (CEMS)	$ -	32	$ -
Weather Monitoring System (WMS)	$ -	28	$ -
Total Implementation Items Costs			**$ -**

TOTAL BASE CONTRACT COSTS	**$ -**

Note:

Standard Operating Procedures updates are considered part of operations in Years 2-5

Operations Phase 1: Per Unit Pricing (Year 1)

Documentation	Units	Unit Price
Standard Operating Procedures	Lump sum	$ -

Oversight Services	Units	Unit Price
Leased Properties (Oversight Only)	SqFt	$ -
Leased Properties (Triple-net)	SqFt	$ -
Toll Vaults	Per Vault	$ -

Maintenance Services	
Labor	
Hourly Labor Type	**Hourly Rate**
General Maintenance Technician	$ -
HVAC Technician	$ -
Plumber	$ -
Electrician	$ -
Markup and Fees	
Item	**Markup**
Material Markup	0%
Equipment Markup	0%
Subcontractor Administration Fee	0%

Note:

1. Cells highlighted in yellow will change to blue when a valid value is entered.

Operations Phase 2: Years 2-5

Full Maintenance	Units	Y2 Unit Price	Y3 Unit Price	Y4 Unit Price	Y5 Unit Price
Leased Properties (Oversight Only)	Sqft	$ -	$ -	$ -	$ -
Leased Properties (Triple-net)	Sqft	$ -	$ -	$ -	$ -
Toll Vaults	Per Vault	$ -	$ -	$ -	$ -

Implementation	Units	Unit Price
ACSMS	Per Vault	$ -
CEMS	Per Vault	$ -
WMS	Per Vault	$ -

Maintenance Services	
Labor	
Hourly Labor Type	**Hourly Labor Rate**
General Maintenance Technician	$ -
HVAC Technician	$ -
Plumber	$ -
Electrician	$ -
Markup and Fees	
Item	**Markup**
Material Markup	0%
Equipment Markup	0%
Subcontractor Administration Fee	0%

Note:

Cells highlighted in yellow will change to blue when a valid value is entered.

Operations: Labor Rates Per Unit Pricing

Labor Position / Classification	Hourly Labor Rate
Contract Manager	$ -
Facilities Manager	$ -
Vendor Manager	$ -
Maintenance Technician	$ -
Administractive Coorinator	$ -
Construction Engineer	$ -
Network Engineer	$ -
HVAC Technician	$ -
Plumber	$ -
Electrician	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -

Note:

Cells highlighted in yellow will change to blue when a valid value is entered.

Exhibit C-1
Proposal Cover Sheet

(A Word version of the Proposal Cover Sheet is "paper clipped" to this Exhibits file for ease of completion.)

NORTH CAROLINA TURNPIKE AUTHORITY
FACILITIES MANAGEMENT
REQUEST FOR PROPOSALS

EXECUTION: In compliance with this Request for Proposal, and subject to all the conditions herein, the undersigned offers and agrees to furnish any or all Services or goods upon which prices are offered, at the price(s) offered herein, within the time specified herein. By executing this offer, I certify that this offer is submitted competitively and without collusion.

Failure to execute/sign offer prior to submittal shall render Proposal invalid. Late offers are not acceptable.

<table>
<tr><td colspan="4">BIDDER:</td></tr>
<tr><td colspan="2">STREET ADDRESS:</td><td>P.O. BOX:</td><td>ZIP:</td></tr>
<tr><td colspan="2">CITY & STATE & ZIP:</td><td>TELEPHONE NUMBER:</td><td>TOLL FREE TEL. NO:</td></tr>
<tr><td colspan="2">PRINT NAME & TITLE OF PERSON SIGNING:</td><td colspan="2">FAX NUMBER:</td></tr>
<tr><td>AUTHORIZED SIGNATURE:</td><td>DATE:</td><td colspan="2">E-MAIL:</td></tr>
</table>

Offer valid for one hundred and eighty (180) calendar days from Proposal Due Date.

Exhibit C-2

List of Subcontractors and RS-2 Form

(PDFs of all forms are presented below. A fillable PDF of the RS-2 Form and a Word version of the List of Subcontractors Form are both "paper clipped" to this Exhibits file for ease of completion.)

Please duplicate this page as necessary to provide the requested information.

	SUBCONTRACTOR	SUBCONTRACTOR	SUBCONTRACTOR
Legal Name of Company			
Company's FEID Number			
Company Contact Name			
Company Address			
City, State, Zip Code			
Company Telephone No.			
Company Fax Number			
Company E-mail address			
Legal Name of Principal(s)			
Address of Principal(s)			
City, State, Zip Code			
Telephone No. of Principal(s)			
Fax Number of Principal(s)			
E-mail address of Principal(s)			
Corporate Number (if applicable)			
License Number (if applicable)			
Status of License (if applicable)			
Work to be Performed			
Expected Percentage of Total Work			

By: _____ Signature: (1) _____

President or Vice President

Attest: _____ Signature: (2) _____

Secretary (or Assistant Secretary)

(Affix Corporate Seal Below Dotted Line)

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Subconsultant Form RS-2 *REV 1/15/08*

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
SUBCONSULTANT
TO BE USED WITH PROFESSIONAL SERVICES CONTRACT ONLY
RACE AND GENDER NEUTRAL

TIP No. and/or Type of Work (Limited Services)

(Consultant/Firm Name and Federal Tax Id)

(Subconsultant/Firm Name and Federal Tax Id)

SERVICE / ITEM DESCRIPTION		***Anticipated Utilization***
	TOTAL UTILIZATION:	
SUBMITTED BY: SUBCONSULTANT:	**RECOMMENDED BY:** CONSULTANT:	
*BY:	*BY:	
TITLE:	TITLE:	
SPSF Status: Yes ☐ No ☐		

"SUBCONCONSULTANT" (FORM RS-2)
RACE AND GENDER NEUTRAL

Instructions for completing the Form RS-2:

1. Complete a Subconsultant Form RS-2 for each Subconsultant firm to be utilized by your firm.
2. Insert TIP Number and /or Type of Work (Limited Services)
3. Complete the Consultant/Firm name and Federal Tax ID Number for the primary firm information.
4. Complete the Subconsultant/Sub Firm name and Federal Tax ID Number for the sub firm information.
5. Enter Service/Item Description – describe work to be performed by the Sub Firm
6. Enter Anticipated Utilization – Insert dollar value or percent of work to the Subconsultant/Sub Firm
7. *Signatures of both Subconsultant and Prime Consultant **are required** on each RS-2 Form to be submitted with the Letter of Interest (LOI) to be considered for selection
8. Complete "SPSF Status" section - Subconsultant shall check the appropriate box regarding SPSF Status, check Yes if SPSF or No if not SPSF

In the event the firm has **no** subconsultant, **it is required that this be indicated on this Subconsultant Form RS-2 form by entering the word "None" or the number "ZERO" and signing the form.**

Exhibit C-3
Recent Client List

(A Word version of the Recent Client List is "paper clipped" to this Exhibits file for ease of completion.)

#	Name of Client including Address and Telephone #	Project Name	Project Description	Start Date	End Date	Contract Amount
001						
002						

Exhibit C-4

Proposer Questions Form

(A Word version of the Proposer Questions Form is "paper clipped" to this Exhibits file for ease of completion.)

#	Page	Section	Section Description	Proposer Question	NCTA Response
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Exhibit C-5
Non-Collusion Forms

(Please complete a single form that is applicable to your firm structure. Fillable PDFs of each form are "paper clipped" to this Exhibits file for ease of completion.)

Exhibit C-6
Acknowledgement of Receipt of Addenda

(A Word version is "paper clipped" to this Exhibits file for ease of completion.)

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The Proposer shall acknowledge receipt of each addendum to this Request for Proposal by completing this form and including same in the Technical Proposal.

Addenda	Date	By
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Failure to confirm receipt of addenda may result in rejection of the Proposer's Proposal.

Dated , 2025

Legal Name of Firm

By_____
Signature

_____
Title

NOTE: Attach additional pages as necessary

Exhibit C-7

HUB Supplemental Vendor Information Form

(A fillable PDF version is "paper clipped" to this Exhibits file for ease of completion.)

Exhibit C-7: HUB Supplemental Vendor Information

RFP Name : _____

Vendor Name: _____

Historically Underutilized Businesses (HUBs) consist of minority, women, and disabled business firms that are at least fifty-one percent owned and operated by an individual(s) from one of these categories. Also included in this category are disabled business enterprises and non-profit work centers for the blind and severely disabled.

Pursuant to G.S. 143B-1361(a), 143-48 and 143-128.4, the State invites and encourages participation in this procurement process by businesses owned by minorities, women, the disable, disabled business enterprises, and non-profit work centers for the blind and severely disabled. This includes utilizing individual(s) from these categories as subcontractors to perform the functions required in this Solicitation.

The Vendor shall respond to questions below, as applicable.

PART I: HUB CERTIFICATION

Is Vendor a NC-certified HUB entity? ☐ **Yes** ☐ **No**

If **yes**, provide Vendor #: _____

If **no**, does Vendor qualify for certification as HUB? ☐ **Yes** ☐ **No**

Vendors that check "yes" will be referred to the HUB Office for assistance in acquiring certification.

PART II: PROCUREMENT OF GOODS - SUPPLIERS

For *Goods* procurements, are you using Tier 2 suppliers? ☐ **Yes** ☐ **No**

If ***yes***, then provide the following information:

Company Name	Company Address	Website Address	Contact Name	Contact Email	Contact Phone	NC HUB certified?	Percent of total bid price

PART III: PROCUREMENT OF SERVICES - SUBCONTRACTORS

For *Services* procurements**,** are you using Subcontractors to perform any of the services being procured under this solicitation? ☐ **Yes** ☐ **No**

If ***yes***, then provide the following information:

Company Name	Company Address	Website Address	Contact Name	Contact Email	Contact Phone	NC HUB certified?	Percent of total bid price

Need more information?

Questions concerning the completion of this form should be presented during the Q&A period through the process defined in the Solicitation document.

Questions concerning NC HUB certification, contact the **North Carolina Office of Historically Underutilized Businesses** at 984-236-0130 or huboffice.doa@doa.nc.gov

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