

## NEW YORK CITY DEPT. OF PARKS & RECREATION

				FERRY	POINT I	EM					
Scope Estimate: Consultant: Consultant Contract #: Work Order #: Project No: Project Comptrollers Registration #: Subconsultant: Service Being Provided: Project Title:		Date: TASKS (please list below) 1. On-Site Field Oversite 2. Off-Site Fill Inspections 3. Off-Site Fill Source Reviews 4. 5. 6. Pre-Mobilization/IEM Transitioning 7. IEM Office Support 8.									
	(enter Ta	(enter Tasks above and Hours Per Task for each Title below - use pg 2 if needed)								HOURLY	
TITLE	1	2	3	4	5	6	7	8	HOURS	RATE	TOTAL
	· ·	-		r	5	5	·		0.00	\$0.00	\$0.00
									0.00	\$0.00	\$0.00
									0.00	\$0.00	\$0.00
									0.00	\$0.00	\$0.00
									0.00	\$0.00	\$0.00
									0.00	\$0.00	\$0.00
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									0.00	\$0.00	\$0.00
									0.00	\$0.00	\$0.00
									0.00	\$0.00	\$0.00
									0.00	\$0.00	\$0.00
									0.00	\$0.00	\$0.00
									0.00	\$0.00	\$0.00
TOTAL HOURS BY TASK	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TOTAL	\$0.00
TOTAL COST PER TASK	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		TOTAL COST	\$0.00
Consultant						Date:					

Director of Consultant Management

Date:



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FERRY POINT IEM											
Consultant: Consultant Contract #: Work Order #: Project No: Project Comptrollers Registration #: Subconsultant: Service Being Provided: Project Title:	0 0 0 0 0 0		Date:	T/ 9. 10. 11. 12. 13. 14. 15.	ASKS (plea	ise list belo	w)				
TITLE	TASKS   (please enter Tasks above and Hours Per Task for each Title below)   9 10 11 12 13 14 15 16									HOURLY RATE	Total from first page \$0.00
	9	10		12	15	14	15	10	0.00	\$0.00	\$0.00
									0.00 0.00	\$0.00 \$0.00	\$0.00
									0.00 0.00	\$0.00 \$0.00	
									0.00 0.00	\$0.00 \$0.00	\$0.00
									0.00	\$0.00	\$0.00
									0.00 0.00	\$0.00 \$0.00	\$0.00
									0.00 0.00	\$0.00 \$0.00	\$0.00
									0.00 0.00	\$0.00 \$0.00	
									0.00	\$0.00 \$0.00	
									0.00	\$0.00	\$0.00
									0.00 0.00	\$0.00 \$0.00	\$0.00
									0.00 0.00	\$0.00 \$0.00	\$0.00
									0.00	\$0.00	
TOTAL HOURS BY TASK	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	TOTAL THIS PAGE	
TOTAL COST PER TASK	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		TOTAL COST	\$0.00

Consultant \_\_\_\_\_

Date:

Director of Consultant Management

Date:



## Staffing Chart Hourly Rate: Payment No. Date: Consultant: 0 Project Title: 0 Consultant Contract No: 0 Project No: 0 WO# 0 Subconsultant: 0 For: Month Year Please Fill In Hours Per Day in Monthly Chart Below Task (from Total Title Name Total Hourly Manning Chart) 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Hrs. Rate 1 2 3 4 5 6 7 8 \$0.00 \$0.00 0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 \$0.00 0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 \$0.00 \$0.00 0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 0.00 \$0.00 \$0.00 TASKS 1. On-Site Field Oversite 9.0 2. Off-Site Fill Inspections 10. 0 3. Off-Site Fill Source Reviews 11.0 4.0 12.0 5.0 13.0 6. Pre-Mobilization/IEM Transitioning 14.0 7. IEM Office Support 15.0 16.0

8.0