



3310-C Gilmore Industrial Boulevard  
Louisville, Kentucky 40213

Phone: (502) 964-8737  
Facsimile: (502) 964-1123

## Proposal for AHERA Asbestos Periodic Surveillance and Records Management

To: Marion County Bus Garage  
300 Knights Way  
Lebanon, Kentucky 40033  
Attention: Mr. Scott Spalding

Proposal Date: May 17, 2016

**Work Description: AHERA Asbestos Periodic Surveillance and Records Management  
School Year 2016-17**

- | <u>Item</u> | <u>Description</u>  |
|-------------|---|
| 1           | Inspection - Micro-Analytics, Inc. (MAI) will perform bi-annual periodic surveillance inspections throughout your school district's facilities containing asbestos, review each school's asbestos management plan records to assure that they are maintained current and complete, and provide assistance in acquiring any missing records or documents. After each periodic surveillance, MAI will prepare a summary report for the LEA Designee, indicating the results of the inspection and records review.   |
| 2           | Training - Micro-Analytics will provide, as needed, AHERA asbestos training sessions for a LEA Designated Person, also referred to as the LEA Designee. Additional asbestos awareness training of maintenance and custodial personnel should be accomplished using our 2 hour long DVD upon hiring a new employee.  |
| 3           | Liaison to Regulators - Micro-Analytics will communicate with the LEA Designee to schedule inspections and to determine if any other assistance is needed in the management of the district's AHERA asbestos management program. At the request of the LEA Designee, MAI will serve as a professional liaison to address any issues or concerns which may arise with federal, state, or local regulators in administering the asbestos compliance program. This service does not include visits to your school district's facilities, unless it coincides with other services performed at the school system. |
| 4           | From time to time, the school district may require additional services such as preparation of a Three Year Asbestos Re-Inspection Report, or possibly needing other environmental or industrial hygiene services that are not included in the work defined herein. Micro-Analytics can provide such services or environmental projects or issues at the rates listed in the table below:  |

<u>Position/Activity</u>	<u>Rate</u>
Principle	\$95.00 per hour
Regulatory Specialist	\$85.00 per hour
Ky Certified Lead Inspector/Assessor	\$75.00 per hour
Ky Certified Asbestos Mgmt. Planner	\$75.00 per hour
Bulk Sample Analysis	\$15.00 per sample



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## Work Authorization

- ☐ By my signature below, I authorize Micro-Analytics, Inc. to proceed with the work defined in their proposal for AHERA Asbestos Periodic Surveillance and Records Management for the 2016-17 school year, dated May 17, 2016, and covering all activities detailed within the proposal.

We select the following billing and payment plan:

- |                          |               |            |
|--------------------------|---------------|------------|
| <input type="checkbox"/> | Annually      | \$1,600.00 |
| <input type="checkbox"/> | Semi-Annually | \$800.00   |
| <input type="checkbox"/> | Quarterly     | \$400.00   |
| <input type="checkbox"/> | Monthly       | \$148.33   |

Micro-Analytics will invoice for services on a quarterly, semi-annual or annual basis at the selection of the client for no additional fee. Monthly billings will be assessed an additional per billing fee of \$15.00 to cover the cost of the billing and administration.

The fees quoted herein are valid for a period of thirty days from the date of this proposal. If you agree with the terms and conditions contained herein, please complete and sign the attached Work Authorization and return to Micro-Analytics. We are prepared to complete work under this contract in a professional and timely manner. Micro-Analytics has provided continuous and professional asbestos consulting services to schools since 1986. Our pledge is to provide you with judicious AHERA services and products.

**Reviewed and Accepted By:**

Marion County Board of Education

\_\_\_\_\_  
Name of Client

**Printed Name of Authorized Signer:**

\_\_\_\_\_  
Printed Name

**Signature:**

\_\_\_\_\_  
Signature

**Date of Signature:**

\_\_\_\_\_  
Date

**Please Fax Completed Work Authorization to (502) 964-1123**