SOLICITATION 2018-3012: ENERGY CONSULTANT SERVICES
ATTACHMENT I FEE SUBMISSION FORM

Offerors:

In submitting this proposal, it is understood that the Cincinnati Metropolitan Housing Authority reserves the right to reject any and all proposals.

ADDENDA

Offeror acknowledges receipt of the following Addenda:

Addendum Number: _____Dated: _____
Addendum Number: _____Dated: _____
Addendum Number: _____Dated: _____

CMHA intends to award a contract for **Solicitation No. 2018-3012 entitled "Energy Consultant Services"** complying with the request for Proposal and Addenda, if any, provided the Proposer's bid is reasonable and it is in the best interest of CMHA to accept it.

Please note that this document must be fully completed, dated and signed or the proposal will be deemed as nonresponsive. CMHA reserves the right to reject any proposals deemed by CMHA as not minimally responsive.

As noted in the RFP, Section 3.2 "Cost Proposal", Attachment I shall be submitted in a separate, sealed envelope with the proposals and marked with the Contractors Name, Address, Phone #, e-mail address, and titled:

Solicitation 2018-3012
Energy Consultant Services
Due Date: October 30, 2018 at 10:00 AM
FEE INFORMATION

Proposed Fee: CMHA intends to enter into a contract with the successful proposer upon the receipt of Notification to Offerors utilizing the following proposed costs based on Evaluation Factor 1. The proposed fees are all-inclusive of all related costs that the successful proposer will incur to provide the noted services**.** The Proposer is responsible for providing firm, fixed costs as specified below. In addition, the proposer must provide a fixed, firm cost for additional services.

If Contractor is awarded the contract for this solicitation, the following Fee Submission Form may be used as Exhibit B to the Contract. The completion of the form is no guarantee of a contract or the award of any services.

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Electricity Procurement Services:

Proposed Fees: Offeror shall provide firm fixed costs to provide the services described in the RFP. The selected supplier shall pay the fees to the Consultant as an imbedded charge in the energy cost.

Firm Fixed Fee: $_____/kWh

Natural Gas Procurement Services:

Proposed Fees: Offeror shall provide firm fixed costs to provide the services described in the RFP. The selected supplier shall pay the fees to the Consultant as an imbedded charge in the energy cost.

Firm Fixed Fee: $_____/Dth

Bill Processing & Payment Fees:

Proposed Fees: Offeror shall provide firm fixed costs to provide the services described in the RFP.

Post-Payment Processing: CMHA receives, processes, and pays invoices. CMHA forwards copy of bills to Consultant for upload to web-based reporting tool or Excel/equivalent compatible spreadsheet for customer reporting and analytic requirements.

Title/Description	Firm Fixed Fee
Per Invoice Fee	$ _____
	$ _____
	$ _____
	$ _____

Consulting Services:

Proposed Fees: Offeror shall provide firm fixed costs to provide the services described in the RFP.

For projects where Consultant is engaged and provides services in addition to or in lieu of the procurement services, these fees will apply.

There will be no additional reimbursement for travel or other related expense or for any costs not identified.

Title/Description of Position and Name of Person	Firm Fixed Hourly Fee
	$ _____
	$ _____
	$ _____
	$ _____
	$ _____
	$ _____

Energy Data Management Fees:

Proposed Fees: Offeror shall provide firm fixed costs to provide the services described in the RFP.
To capture and provide the invoice data capture services in an Excel or equivalent spreadsheet format:

Firm Fixed Fee per invoice per month: $_____

In your proposal provide a description of the data capture services.

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DISCOUNT OFFERED FOR EARLY PAYMENT: _____ % if invoice paid within ____ days of properly submitted invoice as stated in the RFP.

Notes:

Date: _____, 2018

Company: _____

Address: _____

City, State, Zip _____

Phone: _____

Email: _____

By: _____
(Signature of Offerer)

By: _____
(Print Name)

Title: _____

Fed Tax ID: _____