



**CMHA SOLICITATION 2020-5001**  
**Contract Labor Services**  
**ATTACHMENT B FEE SUBMISSION FORM**

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, this 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.

**Contract Labor Services**

Proposed Fees: The pricing shall be identified by the percentage premium for each classification to apply to the CMHA pay rate.

Classification	Firm Fixed Premium
Administrative/Clerical Support	_____ %
Maintenance/Janitorial/Building and Grounds Specialists	_____ %
Management	_____ %
Accounting	_____ %
Information Technology	_____ %

**Direct Placement Services**

Proposed Fees: The pricing shall be identified by the percentage premium for each classification to apply to the CMHA pay rate. The percentage premium shall be paid on the first year's salary.

Classification	Firm Fixed Premium
Administrative/Clerical Support	_____ %
Maintenance/Janitorial/ Building and Grounds Specialists	_____ %
Management	_____ %



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Accounting	_____ %
Information Technology	_____ %

**Conversion Fees**

Proposed Fees: The pricing shall be identified by the percentage premium for each classification to apply to the CMHA pay rate. The percentage premium shall be paid on the first year’s salary. The percentage premium shall be based on the amount of time the Contractor’s employee has performed work for CMHA. Additional columns may be added if needed.

Classification	Conversion Fee After One Month	Conversion Fee After 3 Months	Conversion Fee After 6 Months or 1040 hours	Contractor fill-in	Contractor fill-in
Administrative/ Clerical Support	_____ %	_____ %	_____ %	_____ %	_____ %
Maintenance/Janitorial/ Building and Grounds Specialists	_____ %	_____ %	_____ %	_____ %	_____ %
Management	_____ %	_____ %	_____ %	_____ %	_____ %
Accounting	_____ %	_____ %	_____ %	_____ %	_____ %
Information Technology	_____ %	_____ %	_____ %	_____ %	_____ %

**Contract Labor Services when CMHA sources temporary employee**

Proposed Fees: The pricing shall be identified by the percentage premium for each classification to apply to the CMHA pay rate.

Classification	Firm Fixed Premium
Administrative/Clerical Support	_____ %
Maintenance/Janitorial/Building and Grounds Specialists	_____ %
Management	_____ %
Accounting	_____ %



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Information Technology	_____ %
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**DISCOUNT OFFERED FOR MULTIPLE PLACEMENTS:** \_\_\_\_\_

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

**PROPOSER'S STATEMENT**

The undersigned proposer hereby states that by completing and submitting this Form and all other documents within this submittal, he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and that if the Authority discovers that any information entered herein to be false, such shall entitle the Authority to not consider or make award or to cancel any award with the undersigned party. Pursuant to all RFP Document including attachments, this Fee Submission Form, and pursuant to all documents submitted, the undersigned proposes to supply the Authority with the services and/or products described herein for the fee(s) submitted pertaining to this RFP.

Date: \_\_\_\_\_, 2020

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature of Offerer)

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print Name)

Fed Tax ID: \_\_\_\_\_