



**CMHA SOLICITATION 2023-1005  
PROPERTY MANAGEMENT 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.

**Proposed Fees:** Offeror shall provide firm fixed fees to provide the services described in the RFP

Year	Management Fee by Percentage on Net Collected Tenant Rental Payments Or Flat Fee per Unit per Month Firm Fixed Costs
Year 1	_____
Year 2	_____
Optional Year 3	_____
Optional Year 4	_____
Optional Year 5	_____

- CMHA will retain an asset management fee of 2% on the operating subsidy

**Any Additional Fees**

1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_



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All other direct or indirect expenses charged to the property must be approved by the housing authority in the annual operating budget or as an approved above budget expense.

**Note:** Please provide an attachment listing number of employees (by position) and details of expense.

**Additional Services**

Provide a firm fixed hourly rate for related services

Name/Position/Description of Services	Firm Fixed Per Unit/Hourly Rate
Lease Up Services	\$ _____
Consultation	\$ _____
	\$ _____
	\$ _____

Notes and Exclusions:

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



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**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: \_\_\_\_\_

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

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

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

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

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

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

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

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