



CMHA SOLICITATION 2023-2002
Security Guard Services for HCV
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.

Unarmed Uniformed Security Guard Services

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

Item No.	Description	Firm Fixed Hourly Rate (\$) (Base Year)	Firm Fixed Hourly Rate (\$) (Option Year 1)	Firm Fixed Hourly Rate (\$) (Option Year 2)	Firm Fixed Hourly Rate (\$) (Option Year 3)	Firm Fixed Hourly Rate (\$) (Option Year 4)
1	Unarmed Rate (Regular Time)	\$	\$	\$	\$	\$
2	Unarmed Rate (Overtime)	\$	\$	\$	\$	\$
3	Parking lot guard rate	\$	\$	\$	\$	\$
4	Surveillance Camera Monitoring	\$	\$	\$	\$	\$

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: _____