



**RFP 2023-7001;  
Hotel and Lodging Services**

**Attachment B: Contractor’s Fee Submission Form**

The fees shall be a firm fixed price inclusive of all elements required to deliver the services, including but not limited to: employee costs and benefits, clerical support, supplies, materials, licensing, insurance, travel, fuel surcharges, franchise fees, etc. Please note that such cost is inclusive of all elements required to provide these services as specified herein and each fee proposed shall be fully “burdened” with profit and overhead costs.

**Please note that CMHA is a tax-exempt organization for sales taxes but Touchstone Property Services is not. See Section 20.4 of the attached General Terms and Conditions for the taxable properties**

Description	Price	Price if stay exceeds 7 nights	Price if greater than 7 days
Room Rate – King Bed	\$ _____/night	\$ _____/night	\$ _____/night
Room Rate – Queen Bed	\$ _____/night	\$ _____/night	\$ _____/night
Room Rate – 2 Double Beds	\$ _____/night	\$ _____/night	\$ _____/night
Room Rate – Two Room Suites	\$ _____/night	\$ _____/night	\$ _____/night
Parking Fees	\$ _____/night	\$ _____/night	\$ _____/night
<b>Miscellaneous:</b>			
Check-In Time:			
Check Out Time:			
Breakfast Provided (Hot/ Continental/ None)	Yes or No? ____	Hot? _____ Continental? ____ None: _____ Other: _____	
Are refrigerators available? Is there a fee?	Yes or No? ____	Fee: \$ _____	
Are microwaves available? Is there a fee?	Yes or No? ____	Fee: \$ _____	
Do you offer catering/banquet services?			
Do you offer a meeting room that holds 5 to 10 people?			
Additional Fees (List any special fees that may be assessed)			

Notes and Exclusions:



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**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 Documents 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: \_\_\_\_\_, 2023

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

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

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

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

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

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

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