



**CMHA SOLICITATION 2023-1012
Recertification Processing for Public Housing
ATTACHMENT B 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. **Firm fixed fee per certification shall not exceed \$100.**

1.0 PUBLIC HOUSING PROGRAM

Description	Firm Fixed Fee per Certification
Completed Recertification for Public Housing with CMHA	\$
Incomplete Recertification for Public Housing with CMHA	\$
Completed Interim Certification for Public Housing with CMHA	\$
Incomplete Interim Certification for Public Housing with CMHA	\$
Rent Calculation Only. All documentation provided to contractor.	\$
Tenant File Review (Calculation, Required Documents, etc.)	\$

Additional Services

Provide a firm fixed hourly rate for related services

Name/Position	Firm Fixed Hourly Rate
General Consultation	\$ _____
Audit Preparation	\$ _____
	\$ _____
	\$ _____



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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: _____