

CMHA SOLICITATION 2023-1017 Additional Glass and Window Installation 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 including but not limited to: employee costs and benefits, clerical support, supplies, materials, licensing, insurance, travel, fuel surcharges, franchise fees, etc. The Proposer is responsible for providing firm, fixed costs as specified below. 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.

If Contractor is awarded the contract for Exhibit B to the Contract. The completic services.		,	Ţ.
Emergency Services available	Yes	No	
Glass Installation Services	Yes _	No	
Window Installation Services _	Yes _	No	

Job Title	Firm Fixed Hourly Rate
	\$
	\$
	\$
	\$

PARTS/SUPPLIES AND MATERIALS

(A more complete listing may be attached to this form if necessary)

List Window Make	Price Per Window		
Window:			
Window Screens			
Description	Percentage added to Contractor's wholesale cost		
Supplies and Parts	%		



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"On Shelf" Products	%	
Notes and Exclusions:		
DISCOUNT OFFERED FOR E properly submitted invoice as stat	 % if invoice paid w	vithin days of



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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:		