



**CMHA SOLICITATION 2023-2006**  
**HCV Mailing Services**  
**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.

CMHA reserves the right to add or delete services.

First Class Letters Firm Fixed Fees per unit					
Weight (ounces) Not Over	Full Rate	Metering Fee	Sort Fee	Fold (flat to single fold or trifold)	Stuff Fee
1					
2					
3					
4					

First Class Post Cards Firm Fixed Fees					
Weight (ounces) Not Over	Full Rate	Metering Fee	Sort Fee	Fold	Stuff fee
1					
2					
3					
4					
5					
6					
7					



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<b>First Class FLATS Firm Fixed Fees</b>					
<b>Weight (ounces) Not Over</b>	<b>Full Rate</b>	<b>Metering Fee</b>	<b>Sort Fee</b>	<b>Fold</b>	<b>Stuff fee</b>
1					
2					
3					
4					
5					
6					
7					

**Other Miscellaneous Fees:**

Pick Up Fee from CMHA: \$ \_\_\_\_\_

Delivery to nearest US Postal Facility \$ \_\_\_\_\_

Specify US Postal Facility you intend to utilize: \_\_\_\_\_

Available on weekends? YES / NO (circle one)

**Additional Services**

Provide a firm fixed hourly rate for related services

<b>Name/Position</b>	<b>Firm Fixed Hourly Rate</b>
	\$ _____
	\$ _____
	\$ _____
	\$ _____



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Please add other relevant mailing fees as a separate sheet.

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: \_\_\_\_\_