



**QSP TP23-8014 Pest Control
For Riverview and San Marco**

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.

Although CMHA is tax-exempt; TPS is not. Include taxes within the fees provided below.

The fees entered in this table are for routine services.

Community	Address	# of Units	Quarterly Cost (1 service every 4 months)	Bi-Monthly Cost (2 services per month)	Monthly Cost (4 services per month)
Riverview	2538 Hackberry St.	101			
San Marco	1601 Madison Road	30			

One-time exterminations or follow-up services:

Type of Unit	Initial Inspection/ Extermination	Routine Inspection /Extermination	Emergency Inspection / Extermination	Unit Turnover
Family Development Units (price per unit)	\$ _____	\$ _____	\$ _____	\$ _____
High-Rise Units (price per unit)	\$ _____	\$ _____	\$ _____	\$ _____
High-Rise Units (over X units volume discount)	\$ _____	\$ _____	\$ _____	\$ _____
Scattered Sites (price per unit)	\$ _____	\$ _____	\$ _____	\$ _____
Common areas**	\$ _____	\$ _____	\$ _____	\$ _____
Price per linear foot	\$ _____	\$ _____	\$ _____	\$ _____

** Common areas include all public-accessible areas other than TPS offices and Administrative Offices (e.g. public bathrooms, kitchens, hallways, recreation areas, lobbies, etc.)

Fees above include all materials costs. Materials costs include those that are industry-standard for pest control services and include items such as traps, pesticide, bait boxes, gloves, etc.



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Any unforeseen material costs not covered will be negotiated with the Property Manager before services begin.

Additional Services

Provide a firm fixed hourly rate for related services

Name/Position	Firm Fixed Hourly Rate
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Notes and Exclusions:

DISCOUNT OFFERED FOR EARLY PAYMENT: _____ % if invoice paid within _____ days of properly submitted invoice as stated in the QSP.



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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 TPS discovers that any information entered herein to be false, such shall entitle TPS to not consider or make award or to cancel any award with the undersigned party. Pursuant to all QSP Documents including attachments, this Fee Submission Form, and pursuant to all Documents submitted, the undersigned proposes to supply TPS with the services and/or products described herein for the fee(s) submitted pertaining to this QSP.

Date: _____

Company: _____

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

By: _____
(Signature of Offerer)

By: _____ Title: _____
(Print Name)

Fed Tax ID: _____