



**CMHA SOLICITATION 2023-1030  
Supplemental Vacancy Prep  
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. In addition, the proposer must provide a fixed, firm cost for additional services.

If Contractor is awarded the contract for this solicitation, this Fee Submission Form may be used as Exhibit B to the Contract. The completion of the form is no guarantee of a contract or the award of any services.

**TOTAL UNIT TURNOVER**

Proposed Fees: Offeror shall provide firm fixed costs to provide the services described in the RFP

TOTAL UNIT TURNOVER INCLUDES JANITORIAL SERVICES, MAINTENANCE, FINISHING THE PERIMETER, AND PAINTING (See Attachment A) ALSO SEE ATTACHMENT O FOR MAXIMUM RATES ACCEPTED TO POTENTIALLY BE AWARDED A CONTRACT.

**VENDORS WHO CANNOT PERFORM HIGHER-LEVEL SKILLS SHOULD ONLY QUOTE THE HIGH RISES (SEE SECTION 2.0 OF ATTACHMENT A-SCOPE OF WORK)**

		Max Allowed	Firm, Fixed Rate Per Unit
<b>HIGH RISES</b>			
<b>0 Bedroom/Studio</b>		\$524	\$ _____
<b>1 Bedroom</b>		\$690	\$ _____
<b>2 Bedroom</b>		\$838	\$ _____
<b>0 Bedroom/Studio (with carpet cleaning)</b>		\$607	\$ _____
<b>1 Bedroom (with carpet cleaning)</b>		\$775	\$ _____
<b>2 Bedroom (with carpet cleaning)</b>		\$921	\$ _____
<b>TOWNHOMES AND FLATS</b>			
<b>1 Bedroom</b>		\$838	\$ _____
<b>2 Bedroom</b>		\$1021	\$ _____
<b>3 Bedroom</b>		\$1159	\$ _____
<b>4 Bedroom</b>		\$1379	\$ _____
<b>5 Bedroom</b>		\$1490	\$ _____



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6 Bedroom	\$1655	\$ _____
7 Bedroom	\$1655	\$ _____
<b>SINGLE FAMILY HOMES</b>		
1 Bedroom	\$838	\$ _____
2 Bedroom	\$1021	\$ _____
3 Bedroom	\$1159	\$ _____
4 Bedroom	\$1379	\$ _____
5 Bedroom	\$1490	\$ _____
6 Bedroom	\$1655	\$ _____

**TRASHOUT PRICING**

Proposed Fees: Offeror shall provide firm fixed costs to provide the services described in the RFP

TRASHOUT SERVICES ARE EXPLAINED IN ATTACHMENT A. ALSO SEE ATTACHMENT O FOR MAXIMUM RATES ACCEPTED TO POTENTIALLY BE AWARDED A CONTRACT.

		Max Allowed	Firm, Fixed Rate Per Trashout
<b>HIGH RISES</b>			
0 Bedroom/Studio		\$89	\$ _____
1 Bedroom		\$171	\$ _____
2 Bedroom		\$270	\$ _____
<b>TOWNHOMES AND FLATS</b>			
1 Bedroom		\$171	\$ _____
2 Bedroom		\$270	\$ _____
3 Bedroom		\$369	\$ _____
4 Bedroom		\$463	\$ _____
5 Bedroom		\$563	\$ _____
6 Bedroom		\$662	\$ _____
7 Bedroom		\$662	\$ _____
<b>SINGLE FAMILY HOMES</b>			
1 Bedroom		\$171	\$ _____
2 Bedroom		\$270	\$ _____



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<b>3 Bedroom</b>	\$369	\$ _____
<b>4 Bedroom</b>	\$463	\$ _____
<b>5 Bedroom</b>	\$563	\$ _____
<b>6 Bedroom</b>	\$662	\$ _____

**ADDITIONAL SERVICES PRICING**

Proposed Fees: Offeror shall provide firm fixed costs to provide the services described in the RFP

	Firm, Fixed Rate
<b>GLAZING</b>	
Tub (each)	\$ _____
Sink (each)	\$ _____
Countertop (each)	\$ _____
General hourly rate	\$ _____
<b>GENERAL PAINTING</b>	
Interior (hourly)	\$ _____
Exterior (hourly)	\$ _____
<b>CONCRETE</b>	
Repairs (hourly)	\$ _____
<b>DOORS</b>	
Hardware replacement (per set)	\$ _____
Adjustments/Repairs (each)	\$ _____
Door replacement (each)	
<b>WINDOWS</b>	
Screens (each)	\$ _____
Locks (each)	\$ _____
Blinds (each)	\$ _____
<b>DRYWALL AND TRIM</b>	
Replacement (up to ½ sheet)	\$ _____
Replacement (up to 1 full )	\$ _____
Baseboard/trim (per linear foot)	\$ _____
<b>WALL/CEILING</b>	
Surface repairs (per sq. ft.)	\$ _____
Re-Grout shower walls / floor (per sq. ft.)	\$ _____
<b>ELECTRICAL</b>	
Replace interior light fixtures (each)	\$ _____
Replace exterior light fixtures (each)	\$ _____
Replace switches/receptacles (each)	\$ _____



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Install smoke detectors/ carbon monoxide Detectors (each)	\$ _____
<b>FLOORS</b>	
Stripping and waxing floors (hourly)	\$ _____
Repair VCT (sq. ft.)	\$ _____
Repair ceramic tile (sq. ft.)	\$ _____
Replace ceramic tile (sq. ft.)	\$ _____
Carpet replacement (sq. ft.)	\$ _____
Carpet cleaning (sq. yd.)	\$ _____
Strip, sand, stain and polyurethane wood floors (sq. ft.)	\$ _____
<b>FENCING</b>	
Install/repair (linear foot)	\$ _____
<b>GENERAL CABINETRY</b>	
Sanding, priming & painting (linear foot)	\$ _____
Stain, varnish clear coat (linear foot)	\$ _____
Remove/replace countertop (each)	\$ _____
Remove/replace wall hung cabinets (each)	\$ _____
Install hardware (hinges, knobs) (per set)	\$ _____
<b>GUTTERS</b>	
Cleaning (linear foot)	\$ _____
Repairing/Caulking (linear foot)	\$ _____
<b>GENERAL HANDYMAN</b>	
Routine handyman repairs (interior/ exterior) (hourly)	\$ _____
<b>GENERAL JANITORIAL</b>	
General janitorial services (hourly)	\$ _____
<b>MINOR PLUMBING</b>	
Plumbing services (plumbing stoppage, replace p-traps, stems, showerheads, etc.) (hourly)	\$ _____



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**ADDITIONAL SERVICES MATERIALS/SUPPLIES (if not carried in CMHA warehouses)**

Description	Percentage deducted from Contractor's MSRP
Supplies and Parts	_____ %
"On Shelf" Products	_____ %

**Other Additional Services (unique to your company if any)**

Provide a firm fixed hourly rate for any related services

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 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: \_\_\_\_\_