



CMHA SOLICITATION 2023-1031
Supplemental Plumbing Services for Single-Family, 2-Unit and 4-Unit Properties
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. 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.

Plumbing Maintenance Services

Hourly Rate below shall include charges for apprentices and/or laborers accompanying Master Plumber or Journeyman on CMHA maintenance calls. These rates shall apply if CMHA exercises any of the options to extend the contract.

Contractor's Regular Business Hours: _____ to _____

Plumbing Maintenance Services		Contract: Year 1	Option 1 Year 2	Option 2: Year 3	Option 3: Year 4	Option 4: Year 5
Master Plumber	During Regular Business Hours	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Journeyman	During Regular Business Hours	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Hydro Sewer Lines	During Regular Business Hours	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Video Inspections	During Regular Business Hours	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Backhoe and Operator	During Regular Business Hours	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Dump Truck	During Regular Business Hours	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Pipefitters or Mechanical Equipment Servicemen	During Regular Business Hours	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Auger Lines	During Regular Business Hours	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Backflow Testing	During Regular Business Hours	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Markup for rate after regular business hours: _____.



CMHA SOLICITATION 2023-1031
Supplemental Plumbing Services for Single-Family, 2-Unit and 4-Unit Properties
ATTACHMENT B FEE SUBMISSION FORM

Additional Plumbing Repair Items

Plumbing Repair Items	Unit Measure	Cost
Concrete Cutting	Linear Foot	\$ _____
Concrete Replacement	Cubic Feet	\$ _____

Professional Services

Professional Services	Unit Measure	Cost
Preventive Maintenance Plan	Hour	\$ _____

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

PARTS/SUPPLIES AND MATERIALS

Description	Percentage added to Contractor's wholesale cost
Supplies and Parts	_____ %
Equipment	_____ %
"On Shelf" Products	_____ %

Does discount include drop ship items? ___ Yes ___ No

Notes and Exclusions:



CMHA SOLICITATION 2023-1031
Supplemental Plumbing Services for Single-Family, 2-Unit and 4-Unit Properties
ATTACHMENT B FEE SUBMISSION FORM

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 RFP.



CMHA SOLICITATION 2023-1031
Supplemental Plumbing Services for Single-Family, 2-Unit and 4-Unit Properties
ATTACHMENT B FEE SUBMISSION FORM

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: _____