



**SOL 2023-8036; Procurement Technical  
Assessment Services**

**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.

**Solicitation and Contract Review**

Description	Firm Fixed Fee for Construction Contract	Firm Fixed Fee for Non-Construction Contract
Solicitation and Contract Exceeding \$1,000,000	\$ _____	\$ _____
Solicitation and Contract Exceeding \$50,000	\$ _____	\$ _____
Solicitation and Contract less than \$50,000	\$ _____	\$ _____

**Procurement and Related Technical Support Activities**

Description	Firm Fixed Hourly Rate
Procurement/Purchasing Principal Name:	\$ _____
Procurement/Purchasing Associate Name:	\$ _____
Procurement/Purchasing Administrative Staff Name:	\$ _____
Other:	\$ _____
Other:	\$ _____



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Other:	\$ _____
Other:	\$ _____

***Travel may be reimbursed to out-of-town consultants:*** The Agency anticipates that the successful proposer may need to travel to work on site (Cincinnati Metropolitan Housing Authority). If so, the proposer may seek approval for such arrangements and if so approved may charge the Agency for reimbursement of certain travel expenses. Those expenses include: travel to and from Cincinnati, Ohio, and on-site living expenses. Out-of-pocket travel costs will be reimbursed with pre-approval of the CMHA Contracting Officer. Reimbursement is limited to the General Services Administration per diem rates. If the proposer expects to charge for travel, that must be indicated on this Fee Submission Form. Expected travel costs must be provided as an attachment to the Fee Submission Form.

**Additional Services**

Description of any other expenses or fes Note: Travel not to exceed GSA per diem	Unit Measure	Firm Fixed Cost
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____

Notes and Exclusions:

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

**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**



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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. Further, by completing and submitting the response, the undersigned is thereby agreeing to abide by all terms and conditions pertaining to this QSP as issued by the Authority, either in hard copy or on the noted Internet System. Upon issuance of award to proposer, CMHA is accepting Contractor's offer contained in the submittal and this Fee Submission. No other contractual documents will be necessary or accepted unless specifically expressed in the notification of contract commencement. The Contract commences upon CMHA's issuance of a Notice of Contract Commencement, which may or may not be in the form of a copy of the Contract Documents, unless said notice expressly states otherwise, in those instances, Contract Commencement occurs in accordance with the notification. Pursuant to all QSP Documents including attachments, this Fee Submission Form, and pursuant to all Documents submitted, the undersigned proposes to supply the Authority with the services described herein for the fee(s) submitted pertaining to this QSP.

Date: \_\_\_\_\_, 2023

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

By: \_\_\_\_\_  
(Signature of Offerer)

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print Name)

Fed Tax ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_