



**QSP TP23-8012  
Bennett Point Laundry Facilities**

**Attachment B: Contractor’s Fee Submission Form**

**Performance Standards:**

Cincinnati Metropolitan Housing Authority waives the commission fees for this service.

Offerer agrees to pay for all utility expenses associated with the laundry facility each month.

**Pricing:**

The proposed rates are all-inclusive of all related costs including but not limited to all labor, materials and equipment required in the scope of work. The Contractor is responsible for providing firm, fixed costs as specified in the table below.

**Proposed Rates:** Offeror shall provide the rates to be charged to residents for use of the equipment for a period of one year with two one-year options of renewal. These rates will include the installation and maintenance of coin-operated, energy efficient washers and dryers.

<u>WASHER</u> Cost/load	<u>DRYER</u> Cost/load	
Amount	Amount	Dry Time
\$ _____	\$ _____	_____ Minutes

Additional Services Offered:

Drop Off Laundry Services: Amount Per Load \$ \_\_\_\_\_  
Return to Customer (24 hrs/48 hrs) \_\_\_\_\_



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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: \_\_\_\_\_

Attachment B-1

EQUIPMENT SPECIFICATIONS

Describe below the machines your company proposes to install if it is selected as the successful proposer. It is desirable that all washers and dryers are the same make and model for each CMHA site. If the machine types will vary by location a separate form should be completed for each type of machine indicating the location where those machines will be used.

CMHA Property Name:	_____	
	<b>WASHER</b>	<b>DRYER</b>
Manufacturer		
Model Number		
Load Capacity		
Length of Cycles		
RPM of High-Spin Cycle		N/A
Speed and Variable Settings		
Energy and Water-Saving Rating		N/A
Estimated Gallons of Water Used Per Washer Load		N/A
Estimated Drying Time per Average Load	N/A	
Description of Coin Mechanisms and Vault		
Please provide samples of brochures and specifications for Proposed Machines (attach to this sheet)		
In what languages(including Braille) do you have the equipment operations signs translated and available for installation?	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	