



**QSP TP23-8016  
Fire Extinguisher 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.

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

	<b>UNIT PRICES (Firm, Fixed Price)</b>			
<b>Fire Extinguishers</b>	<b>2.5 lb</b>	<b>5 lb</b>	<b>10 lb</b>	<b>20 lb</b>
<b>Annual Inspection</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>O-Ring</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Valve Stem</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Tag</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Hydrostatic test</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Recharge</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>New</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Bracket</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Installation</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Miscellaneous</b>				
<b>Inspection R-102 Auto</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Hydro Test R-102 Auto</b>	\$ _____	\$ _____	\$ _____	\$ _____



**QSP TP23-8016  
Fire Extinguisher Services**

<b>Minimum Service Fee**</b>	\$ _____	\$ _____	\$ _____	\$ _____
------------------------------	----------	----------	----------	----------

**Additional Services**

Provide a firm fixed hourly rate for related services

<b>Name/Position</b>	<b>Firm Fixed Hourly Rate</b>
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Notes and Exclusions:

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



**QSP TP23-8016  
Fire Extinguisher Services**

**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: \_\_\_\_\_