



**QSP TP23-8019
Relocation for Anderson Sites**

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.

Moving and Relocation Services

Performance Standard: The Contractor shall be obligated to pay CMHA the sum of fifty and no/100 dollars (\$50.00) per day for each day that the Contractor fails to complete moving or relocation services unless conditions beyond the control of the Contractor exist and mutual agreement with CMHA has been obtained.

| Unit Size | Basic Move (Firm, Fixed Cost) | Packing Labor (Firm, Fixed Cost) | Long Carry 75 to 300 feet (Firm, Fixed Cost) |
|------------------|--|---|---|
| 2 Bedroom | \$ _____ | \$ _____ | \$ _____ |
| 3 Bedroom | \$ _____ | \$ _____ | \$ _____ |
| 4 Bedroom | \$ _____ | \$ _____ | \$ _____ |
| 5 Bedroom | \$ _____ | \$ _____ | \$ _____ |
| 6 Bedroom | \$ _____ | \$ _____ | \$ _____ |

Additional Area Charges (as needed)

Performance Standard: The Contractor shall be obligated to pay CMHA the sum of fifty and no/100 dollars (\$50.00) per day for each day that the Contractor fails to complete moving or relocation services unless conditions beyond the control of the Contractor exist and mutual agreement with CMHA has been obtained.

| Description | Fee |
|--|----------|
| Storage Area Under 25 Square Feet | \$ _____ |
| Storage Area 25 Square Feet to 100 Square Feet | \$ _____ |
| Garage Space | \$ _____ |

| Unprepared Charge | |
|--|----------|
| Description | Charge |
| Charge if service is rescheduled due to unprepared resident | \$ _____ |

Container Charges (as needed)

| Capacity (cubic feet) | Fee |
|--------------------------|----------|
| 1.5 | \$ _____ |
| 3 | \$ _____ |
| 4.5 | \$ _____ |

| Packing Supplies and Materials Rates | | | |
|---|------------------|----------------------|---------------------------------|
| Supply | Size | Unit of Issue | Price (firm fixed price) |
| Tape | 55 yards | Per Roll | \$ _____ |
| Shrink Wrap | 20" x 1000 yards | Per Roll | \$ _____ |
| Shrink Wrap | 15" x 1000 yards | Per Roll | \$ _____ |
| Shrink Wrap | 10" x 1000 yards | Per Roll | \$ _____ |
| Shrink Wrap | 50" x 1000 yards | Per Roll | \$ _____ |
| Book Box | 1.5 cf | Each | \$ _____ |
| Small Box | 1.5 cf | Each | \$ _____ |
| Medium Box | 3.0 cf | Each | \$ _____ |
| Large Box | 4.5 cf | Each | \$ _____ |
| X-Large Box | 6.0 cf | Each | \$ _____ |
| File Box | 15 x 12 x 10 | Each | \$ _____ |
| Wardrobe Box | Standard | Each | \$ _____ |

DELIVERY CHARGE FOR PACKING SUPPLIES \$ _____



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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 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 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: _____