



**CMHA SOLICITATION 2024-1003**  
**Supplemental Hotel and Lodging Services**  
**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, including but not limited to: employee costs and benefits, clerical support, supplies, materials, licensing, insurance, travel, fuel surcharges, franchise fees, etc. 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.

**Please note that CMHA is a tax-exempt organization for sales taxes but Touchstone Property Services is not. See Section 20.4 of the attached General Terms and Conditions for the taxable properties**

Description	Price	Price if stay exceeds 7 nights	Price if greater than 7 days
Room Rate – King Bed	\$ _____/night	\$ _____/night	\$ _____/night
Room Rate – Queen Bed	\$ _____/night	\$ _____/night	\$ _____/night
Room Rate – 2 Double Beds	\$ _____/night	\$ _____/night	\$ _____/night
Room Rate – Two Room Suites	\$ _____/night	\$ _____/night	\$ _____/night
Parking Fees	\$ _____/night	\$ _____/night	\$ _____/night
<b>Miscellaneous:</b>			
Check-In Time:			
Check Out Time:			
Breakfast Provided (Hot/ Continental/ None)	Yes or No? _____	Hot? _____ Continental? _____ None: _____ Other: _____	
Are refrigerators available? Is there a fee?	Yes or No? _____	Fee: \$ _____	
Are microwaves available? Is there a fee?	Yes or No? _____	Fee: \$ _____	
Do you offer catering/banquet services?			
Do you offer a meeting room that holds 5 to 10 people?			
Additional Fees (List any special fees that may be assessed)			



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**Notes and Exclusions:**

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



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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 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: \_\_\_\_\_