



**CMHA SOLICITATION 2024-1004
Supplemental Emergency Transportation 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.

Provide the bus/van/vehicle information and fees below:

| Vehicle Type (e.g., Bus, Van, etc.) and Manufacturer (WRITE IN) | Service and Firm, Fixed Fee | | | Year/ Model | # of Seats | Handicap- ped access (Yes/No) |
|--|-----------------------------|--|--|----------------|---------------|-------------------------------------|
| | Minimum trip charge* | The cost for each hour of service authorized by CMHA (including the minimum trip charge). | The cost associated with canceled services. | | | |
| | \$ _____ | \$ _____ | \$ _____ | | | |
| | \$ _____ | \$ _____ | \$ _____ | | | |
| | \$ _____ | \$ _____ | \$ _____ | | | |
| | \$ _____ | \$ _____ | \$ _____ | | | |
| | \$ _____ | \$ _____ | \$ _____ | | | |
| | \$ _____ | \$ _____ | \$ _____ | | | |
| | \$ _____ | \$ _____ | \$ _____ | | | |

* The cost should include furnishing the bus, driver, fuel, materials, and equipment necessary to provide the bus transportation services as required by this QSP and no additional compensation will be allowed.

COMMENTS ON FEES (ABOVE TABLE):



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Offerors shall provide a list of all drivers employed under a potential contract. Any driver(s) not listed may not be used until approved by CMHA Procurement.

| DRIVER CERTIFICATIONS | | |
|------------------------------|------------------------|-----------------|
| Name | Ohio Drivers License # | Expiration Date |
| | | |
| | | |
| | | |
| | | |
| | | |

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: _____