



QSP 2024-1806
Emergency Preparedness Plan

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.

NOTE: Contractor may choose to provide pricing for both scopes or only one scope.

Item	Firm Fixed Price Per Report
Emergency Preparedness Plan Preparation Creation	\$ _____
Emergency Preparedness Plan Preparation Update/Review	\$ _____
Item	Firm Fixed Hourly Rate
Performing Fire Drills (Contractor Team Rate) If no team rate, list rates by labor title below.	\$ _____
Consultation	\$ _____
Labor (Used to execute plan by updating signage, painting, completing any needed work to be compliant with OSHA. Etc)	\$ _____
Title:	\$ _____

Additional Services

Provide a firm fixed hourly rate for related services

Name/Position	Firm Fixed Hourly Rate
	\$ _____
	\$ _____



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Table with 2 columns and 2 rows for monetary values, each starting with a dollar sign.

PARTS/SUPPLIES AND MATERIALS (not provided by CMHA Warehouse)

Table with 2 columns: Description and Percentage added to Contractor's wholesale cost. Rows include Supplies and Parts, Equipment, and On Shelf Products.

Notes and Exclusions:

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

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.

Date:

Company:

Address:

City, State, Zip

Phone: Email:

By:



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(Signature of Offerer)

By: _____ Title: _____
(Print Name)

Fed Tax ID: _____