



**CMHA SOLICITATION 2024-1007
Emergency Food 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.

VENDOR CONTACT INFORMATION

NAME OF COMPANY: _____

NAME OF CONTACT(S): _____

NORMAL OPERATING HOURS PHONE/CONTACT(S): _____

AFTER HOURS (EMERGENCY) PHONE/CONTACT: _____

Description	Firm Fixed Costs
Provide Copy of Menu (prices will remain fixed for 3 years or end of contract) Include breakfast, lunch, dinner and snack options	Attached
Delivery fees (price per mile, etc.)	\$ _____ Per _____



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Additional Services

Provide a firm fixed hourly rate for related services or other fees

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

Notes and Exclusions:

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

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): _____



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Email: _____

By: _____
(Signature of Offerer)

By: _____ Title: _____
(Print Name)

Fed Tax ID: _____