

CMHA SOLICITATION 2024-1012 Appliance and Plumbing Supplies 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.

Proposed Fees: Offeror shall provide firm fixed costs to provide the products listed below.

		Unit of		
		Measure		
Description (name brands		(each, box,		
are for reference only)	Price	case, etc.)	Brand	Manufacturer's Number
Refrigerator Butter				
Compartment				
Refrigerator Crisper Glass				
Shelf				
Refrigerator Defrost Tray				
Refrigerator/Freezer Door				
Gasket				
Refrigerator Freezer Door				
Refrigerator Fresh Food				
Door				
Refrigerator Inner Door				
Panel				
Refrigerator Shelf				
Refrigerator Shelf Trim				
Refrigerator Vegetable Bin				
Stove Broiler/Oven Door				
Stove Burner Cap				
Stove Burner/Oven Knob				
Stove Drip Pan				
Stove Oven Rack				
Stove Broiler/Oven Door				
Handle				
Refrigerator Gaskets				



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Oven Door		
Elevator Stove Burners		
Shower stems		
Toilet Vessel		
Flushmate		
Wax ring		
Toilet handles		
P traps		
Water supply lines		
Sink Faucet		

Description	Percentage added to Contractor's wholesale cost				
Supplies and Parts	%				
Equipment	%				
"On Shelf" Products	%				

Does	discount	include	drop	ship ite	ems?	Yes	No

Additional Services

Provide a firm fixed hourly rate for related services

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

Notes and Exclusions:



Fed Tax ID:

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DISCOUNT OFFERED FOR EARLY PAYMENT: properly submitted invoice as stated in the RFP.	% if invoice paid within	days of
PROPOSER'S STATE	<u>CMENT</u>	
The undersigned proposer hereby states that by completing and s within this submittal, he/she is verifying that all information prove true and accurate, and that if the Authority discovers that any infentitle the Authority to not consider or make award or to cancel a Pursuant to all RFP Document including attachments, this Fee Su submitted, the undersigned proposes to supply the Authority with for the fee(s) submitted pertaining to this RFP.	ided herein is, to the best of his/h formation entered herein to be fa ny award with the undersigned p bmission Form, and pursuant to	er knowledge, lse, such shall party. all documents
Date:		
Company:		
Address:		
City, State, Zip		
Phone(s):		
Email:		
By:(Signature of Offerer)		
By: Title: (Print Name)		