



**CMHA SOLICITATION 2024-1819
Supplemental Work Order Services
ATTACHMENT B FEE SUBMISSION FORM**

Work Order Services

(Contractors may submit pricing for all properties or only select properties.)

Description	Firm Fixed Hourly Rate	Firm Fixed Hourly Rate for Emergency Services during Non-Standard Hours
<p>General Routine Handy-Man Repairs includes (but not limited to):</p> <ul style="list-style-type: none"> • Plumbing (e.g., stoppages, leaking faucets/ pipes) • General Maintenance (e.g., screen repair, replace blinds, cleaning out gutters, replacing light bulbs, smoke detector replacement, gutter clean out) • Carpentry (e.g., Door/ Cabinet repair/ replacement, replace tile floors, reattach baseboards, installation of grab bars) • Painting (e.g., repair holes, paint interiors, exteriors, hallways and other common areas) • Electrical (e.g., GFI replacement, repair/replace light fixtures) • Painting • Power Washing • Window Cleaning • Glass Window and Door Repair/ Board Up • Appliance (repair or replace) • HVAC (trouble shoot, filter replacement, ignitor replacement. etc.) • Window air conditioning units (replacement and installation) 		
General Routine Handyman Repairs	\$ _____	\$ _____
Services beyond the scope of General Routine Handy-Man Repairs:		
Carpet Replacement	\$ _____	\$ _____
Insulation Services	\$ _____	\$ _____
Gutters and Roofing	\$ _____	\$ _____
Concrete	\$ _____	\$ _____
HVAC	\$ _____	\$ _____
HVAC (Certification)	\$ _____	\$ _____
Plumbing	\$ _____	\$ _____
Plumbing (Licensed)	\$ _____	\$ _____
Skilled Carpentry	\$ _____	\$ _____



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Additional Services

Provide a firm fixed hourly rate for related services

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

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

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

Does discount include drop ship items? Yes No

Notes and Exclusions:

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



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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 QSP 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 QSP.

Date: _____

Company: _____

Address: _____

City, State, Zip _____

Phone(s): _____

Email: _____

By: _____
(Signature of Offerer)

By: _____ Title: _____
(Print Name)

Fed Tax ID: _____