



**QSP 2024-5803
Snow Removal Services for Campus**

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.

Location		Plow only	Salt Only	Salt and Plow	Sidewalk Clearing with Ice Melt or equal
CMHA Campus					
1088 W. Liberty Street	Crosley Commons 1				
1035 Western Avenue	Crosley Commons 2	\$ _____	\$ _____	\$ _____	\$ _____
1027 Western Avenue	Crosley Commons 3				
1044 W. Liberty Street	Crosley Commons 4				

Equipment to be utilized:

ADDITIONAL SERVICES:

From time to time, CMHA may need additional services. Hourly rate for additional services:

\$ _____ /hour/person (plow only)

\$ _____ /hour/person (salt only)

\$ _____ /hour/person (salt and plow)

\$ _____ /hour/person (sidewalk clearing with Ice Melt or equivalent)



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Additional Services

Provide a firm fixed hourly rate for related services

Table with 2 columns: Name/Position, Firm Fixed Hourly Rate. Includes 4 rows for service entries with dollar signs and blank lines for rates.

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: , 2024

Company:

Address:

City, State, Zip

Phone: Email:

By: (Signature of Offerer)

By: Title: (Print Name)

Fed Tax ID: