



**CMHA SOLICITATION 2024-6001
Data Center for Co-Location 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.

Data Center for Co-Location

Proposed Fees: Offeror shall provide firm fixed costs to provide the services described in the RFP. Please refer to the Attached Scope of Work Section 1 and 2 for the requirements. Please pay special attention to the following:

- CMHA intends to move and/or install 1 cabinet worth of equipment.
- Data supplied Internet connection NOT required. Monthly Cost is for Rack Space Only.

Description of Work	Firm Fixed Costs
Total monthly cost for a contract term up to five years. Fee should be all-inclusive monthly fee. No additional charges (startup/implementation fee, etc.) will be permitted.	\$ _____ per month
Remote Hand Services	\$ _____ per hour

Optional Services

Provide a firm fixed rate for optional services

Service	Firm Fixed Rate
Power On Resets	\$ _____ per event
Server Reboots	\$ _____ per event



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Data Circuit Cross Connects	\$ _____ per event
Media Handling	\$ _____ per event
Structured Cabling	\$ _____ per event
Equipment Troubleshooting	\$ _____ per hour
Equipment De-Installs	\$ _____ per hour
Equipment Re-Installs	\$ _____ per hour
Equipment Upgrades	\$ _____ per hour
Data Circuit Installs	\$ _____ per event
Equipment Monitoring	\$ _____ per device

Additional Services

Provide a firm fixed hourly rate for related services

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

Notes and Exclusions:

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



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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 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): _____

Email: _____

By: _____
(Signature of Offerer)

By: _____ Title: _____
(Print Name)

Fed Tax ID: _____