



**QSP 2024-7802
Grounds Maintenance 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.

SEE PAGE 3.

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 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. Pursuant to all QSP Documents 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: _____



QSP 2024-7802
Grounds Maintenance for Campus

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

By: _____
(Signature of Offerer)

By: _____ Title: _____
(Print Name)

Fed Tax ID: _____



REQUEST FOR PROPOSALS (RFP) Solicitation 2024-7802

Location: COCC This includes the campus and former office.
 All fees are firm fixed costs.
 Landscaping Services and Turf and Weed Control Services are at the discretion of CMHA.

Entry #	Property Type	Address	Property Physically Inspected (Y or N)	Mowing (per service)	Landscaping Services			Turf and Weed Control (per service)
					Spring	Monthly (per service)	Fall	
1	Office	1044 West Liberty		\$_____	\$_____	\$_____	\$_____	
2	Office	1088 West Liberty						
3	Office	1627 Western Avenue						
4	Office	1635 Western Avenue						

