



QSP 2024-1827
Fire Alarm Services for Stanley Rowe and Redding

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.

Stanley Rowe A - 835 Poplar 45214-2526

| Service Type | Description | | Proposed Annual Fee (Firm, Fixed Cost) | |
|--------------------------------|---|---|---|----------|
| Inspection and Testing | Option A: | Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing | \$ _____ | |
| | Option B: | CMHA to provide two staff members to assist in triggering all devices at the supervision of the service provider. Same staff will also be responsible to open all locked doors and notify residents of testing. | \$ _____ | |
| Monitoring | All Systems are to be monitored by a U.L. listed monitoring location. | | \$ _____ | |
| Maintenance Contract Agreement | Contractor to provide full coverage of panel components, parts, repair or replacement for all common space peripheral devices and batteries worn due to normal wear unless specifically excluded. | | \$ _____ | |
| Service Type | Description | | Hourly Rates | |
| Maintenance and Service | Labor Rate Per Hour for Non Warranty Components not covered under the Maintenance Contract Agreement | | Regular Hours | \$ _____ |
| | | | After Hours | \$ _____ |



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| | | | |
|--|--|---------------------|----------|
| | | Weekends & Holidays | \$ _____ |
|--|--|---------------------|----------|

Stanley Rowe B -1627 Linn St. 45214-2526

| Service Type | Description | | Proposed Annual Fee (Firm, Fixed Cost) | |
|--------------------------------------|---|---|---|----------|
| Inspection and Testing | Option A: | Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing | \$ _____ | |
| | Option B: | CMHA to provide two staff members to assist in triggering all devices at the supervision of the service provider. Same staff will also be responsible to open all locked doors and notify residents of testing. | \$ _____ | |
| Monitoring | All Systems are to be monitored by a U.L. listed monitoring location. | | \$ _____ | |
| Maintenance Contract Agreement | Contractor to provide full coverage of panel components, parts, repair or replacement for all common space peripheral devices and batteries worn due to normal wear unless specifically excluded. | | \$ _____ | |
| Service Type | Description | | Hourly Rates | |
| Maintenance and Service | Labor Rate Per Hour for Non Warranty Components not covered under the Maintenance Contract Agreement | | Regular Hours | \$ _____ |
| | | | After Hours | \$ _____ |
| | | | Weekends & Holidays | \$ _____ |



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Redding - 3700 Reading Rd. 45229-2166

| Service Type | Description | | Proposed Annual Fee (Firm, Fixed Cost) | |
|--------------------------------------|---|---|---|----------|
| Inspection and Testing | Option A: | Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing | \$ _____ | |
| | Option B: | CMHA to provide two staff members to assist in triggering all devices at the supervision of the service provider. Same staff will also be responsible to open all locked doors and notify residents of testing. | \$ _____ | |
| Monitoring | All Systems are to be monitored by a U.L. listed monitoring location. | | \$ _____ | |
| Maintenance Contract Agreement | Contractor to provide full coverage of panel components, parts, repair or replacement for all common space peripheral devices and batteries worn due to normal wear unless specifically excluded. | | \$ _____ | |
| Service Type | Description | | Hourly Rates | |
| Maintenance and Service | Labor Rate Per Hour for Non Warranty Components not covered under the Maintenance Contract Agreement | | Regular Hours | \$ _____ |
| | | | After Hours | \$ _____ |
| | | | Weekends & Holidays | \$ _____ |



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PARTS/SUPPLIES AND MATERIALS

| Description | Percentage reduced from MSRP |
|---------------------|------------------------------|
| Supplies and Parts | _____ % |
| Equipment | _____ % |
| “On Shelf” Products | _____ % |

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.



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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 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: _____

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

By: _____
(Signature of Offerer)

By: _____ Title: _____
(Print Name)

Fed Tax ID: _____