

**FEE PROPOSAL FORM**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

To: The St. Petersburg Housing Authority  
2001 Gandy Blvd North  
St. Petersburg, FL 33702

For: RFP #24-002-P, Information Technology Services

**RATES PER HOUR (INCLUSIVE OF ALL COSTS)**

Staff Name	Staff Function/Position	All Inclusive \$Rate/Hour

**TOTAL FEE ESTIMATE:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED PROPOSER**

\_\_\_\_\_  
**PRINTED NAME & TITLE**

DATE: \_\_\_\_\_

COMPLETION OF THIS FORM DOES NOT BIND SPHA TO ACCEPTANCE OF PROPOSAL