REQUEST FOR PROPOSALS (RFP) No. P24003 Grant Writing, Planning, and Consulting Services Fee Submission Form

The proposed fees are all-inclusive of all related costs that the successful proposer will incur to provide the noted services. 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 to the Contract. The completion of the form is no guarantee of a contract or the award of any services.

Grant Writing, Planning, and Consulting Services

List any staff members by name from your firm and their hourly rate that you expect to provide services to LMHA. Add additional line items or attachments as necessary.

NOTE: All Costs below are Firm Fixed Costs for the duration of the contract including options.

<u>Staff</u>	Hourly Rate
Principal (per hour)	
A	\$
В	\$
С	\$
Senior (per hour) Please identify Billable position	
A	\$
В	\$
С	\$

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Other (per hour) – please identify any billable position	
A	\$
В	\$
С	\$

The Agency anticipates that the successful proposer may need to travel to work on site (Lorain Metropolitan Housing Authority). If so, the proposer may seek approval for such arrangements and if so approved may charge the Agency for reimbursement of certain travel expenses. Those expenses include travel to and from Lorain, Ohio. Out-of-pocket travel costs will be reimbursed with pre-approval of the LMHA Contracting Officer. Reimbursement is limited to the General Services Administration per diem rates. If the proposer expects to charge for travel, that must be indicated on this Fee Submission Form. Expected travel costs must be provided as an attachment to the Fee Submission Form.

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

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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/they is/are verifying that all information provided herein is, to the best of his/her/their 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 all documents submitted, the undersigned proposes to supply the Authority with the services and/or products described herein for the fee(s) submitted for this RFP.

Date:	-	
Company:		
Phone(s):		
By:		
(Signature of Proposer)		
By:	Title:	
(Print Name)		
Fed Tax ID:		