NEGOTIATED PRICING SHEET

FORM NO. 6: "FEE SCHEDULE" SCHEDULE OF BILLING RATES FOR SERVICES

Hourly Rate shall include all, Fuel, mileage or Transportation charges. Hourly Rate shall include all administrative cost. No additional charges beyond the Hourly Rate of any sort will be payable under this Agreement. The City shall only pay the hourly rate listed below for time spent onsite and the drive time spent driving between each location during the scheduled shift.

Facility Locations	Hourly Rate	Annual Cost	
2.1 Roaming Day Porter position # 1:			
9:00 am – 3:00 pm M-F	4	\$ 23,205.00	
(NTE 6 hour shift)	\$ 15.50 Per Hour	rly Rate x 1500 hours)	
~SEE EXHIBIT A		,	
2.2 Roaming Day Porter position # 2:			
11:30am - 5:30pm M-F		\$ 23,205.00	
(NTE 6 hour shift)	\$ 15.50 Per Hour	rly Rate x 1500 hours)	
~SEE EXHIBIT B		my Nate x 1300 nours,	
2.3 Night Cleaning Supervisor or Lead position:			
4:00 pm – 12:30pm Sun 4pm to Friday 12:30 am		\$ 35,000.00	
(NTE 8 hour shift and ½ hour lunch no pay)	\$ 17.50 Per Hour	ur (Hrly Rate x 2000 hours)	
~SEE EXHIBIT C		illy Rate x 2000 flours)	
2.4 Night Cleaner position # 1:			
4:00 pm – 12:30pm Sun 4:00 pm to Friday 12:30 am		ć 31 000 00	
(NTE 8 hour shift and ½ hour lunch no pay)	\$ 15.50 Per Hour	\$ 31,000.00 (Hrly Rate x 2000 hours)	
~SEE EXHIBIT C			
2.5 Night Cleaner position # 2:			
4:00 pm – 12:30pm Sun 4:00 pm to Friday 12:30 am		\$ 31,000.00	
(NTE 8 hour shift and ½ hour lunch no pay)	\$ 15.50 Per Hour	7 31,000.00 (rly Rate x 2000 hours)	
~SEE EXHIBIT C		illy Rate x 2000 flours)	
	TOTAL ANNUAL CO	ST \$ 143,500.00	
Hourly Rate for additional services if requested outside existing scope and schedule.			
Burnishing, Stripping, Sealing and Finish Application – (City to provide all supplies, Contractor to provide equipment) Invoicing will only be by the foot. Contractor will not bill the additional hourly rate stated above.			

Company Name		Authorized Person (Print)	
Address		Signature	
City/State/Zip		Title	
Telephone #	Fax #	Date	
Tax ID No.		Entity Type:	