SECTION 6 PRICING ATTACHMENT

Proposal of: ____________________________________  
(Proposer Company Name)

To: The University of Texas at Arlington

Ref.: Elevator Audit Services

RFP No.: 2017-022

Ladies and Gentlemen:

Having carefully examined all the specifications and requirements of this RFP and any attachments thereto, the undersigned proposes to furnish the Elevator Audit Services required pursuant to the above–referenced Request for Proposal upon the terms and conditions quoted below.

6.1 Pricing for Services Offered

6.1.1 Yearly Elevator Testing Inspection:

Manager $ ___.__ per hr.
Consultant $ ___.__ per hr.
Field Engineer $ ___.__ per hr.
Engineering/CAD $ ___.__ per hr.

6.1.2 Hourly Work Performed Beyond Scope of Services:

Manager $ ___.__ per hr.
Consultant $ ___.__ per hr.
Field Engineer $ ___.__ per hr.
Engineering/CAD $ ___.__ per hr.

6.1.3 Maintenance and Equipment Audit:

Traction Elevators (Initial Audit) $ ___.__ each
Hydraulic Elevators (Initial Audit) $ ___.__ each
Traction Elevators (Follow-up Review) $ ___.__ each
Hydraulic Elevators (Follow-up Review) $ ___.__ each

6.1.4 Preventive Maintenance Monitoring (PMM):

Elevators $ ___.__ each = $ ________
6.1.5 Elevator Modernization:

1-4 Floors $___.__ per floor
Includes 1st floor with a maximum gross floor area of ______ square feet per floor

4-10 Floors $___.__ per floor
Includes 1st floor with a maximum gross floor area of ______ square feet per floor

11 + Floors $___.__ per floor
Includes 1st floor with a maximum gross floor area of ______ square feet per floor

6.2 Delivery Schedule of Events and Time Periods

As requested by the University

6.3 Other considerations (cost offsets and other financial or non-financial considerations to be provided to the University)

NOTE: The University is interested in, and will consider in our evaluation, creative ideas from Proposers regarding opportunities for sponsorships, donations or other revenue generating / cost reduction initiatives and/or no cost benefits. Please describe any initiatives you would be willing to negotiate

6.4 University’s Payment Terms

University’s standard payment terms for services are “Net 30 Days.”

Indicate below the prompt payment discount that Proposer will provide the University: Prompt Payment Discount: _____ % _____ days/net 30 days

Respectfully Submitted,

Proposer: _______________________________

By: _______________________________

(Authorized Signature for Proposer)

Name: _______________________________

Title: _______________________________

Date: _______________________________