**Fee Proposal**

THE SCHOOL DISTRICT OF PHILADELPHIA

Capital Program Management

Company Name:

Address: Telephone:

Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Trade Name of Firm) (Signature of Authorized Representative)

Key Personnel List with Hourly Rates

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PERSONNEL** |  | **Rate** |
| No. | (List your personnel positions to be used, ie. Principal, Project Manager, Senior Estimator) | $ |  |
| 1 |  | $ |  |
| 2 |  | $ |  |
| 3 |  | $ |  |
| 4 |  | $ |  |
| 5 |  | $ |  |
| 6 |  | $ |  |
| 7 |  | $ |  |
| 8 |  | $ |  |
| 9 |  | $ |  |
| 10 |  | $ |  |
| 11 |  | $ |  |
| 12 |  | $ |  |