**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  |   | $  |  |