

**Annex - B**

**Pricing Form**

(Note: all sheets form part of proposal)

(This Pricing Form must be completed, signed, and submitted)

**DO NOT AMEND THIS PRICING FORM**

**To be read in conjunction with the AIA Document A151-2019**

**Fixed Sum** - shall include all margins, overheads, processing fees, and services noted.

Respondent shall fill in separate prices for all items described in the Pricing Form. Items against which no price is entered by r Respondent will not be paid for by the Government when executed and shall be deemed covered by the fixed sum prices in the Pricing Form.

All duties, taxes, and other levies payable under the Contract, or for any other cause, as of the submission deadline, shall be included in the rates, prices, and total.

**Respondents can bid on Package A or B or Packages A plus B.**

**Package A**

ITEM	Statement of Requirements - Phases	QUANTITY	SUM (BD \$)	Estimated Duration in days
1.	Medical FF&E Supply (itemized list required)	1		
2.	Medical FF&E Installation	1		
	<b>TOTAL LUMP SUM (BD\$)</b>			

**Package B (only includes HPFI and Promotal Items per FF&E Schedule)**

ITEM	Statement of Requirements - Phases	QUANTITY	SUM (BD \$)	Estimated Duration in days
1.	Medical FF&E Supply (HPFI & Promotal Items) (itemized list required)	1		

2.	<b>Medical FF&amp;E Installation</b>	1		
	<b>TOTAL LUMP SUM (BD\$)</b>			

**Schedule of Rates (for additional work)**

Compensation for services rendered by employees shall be based upon the hourly billing rates set forth below.

Respondents are to provide the job titles and hourly rates of staff involved in the Project.

ITEM	Job Title	Hourly Rate (BD\$)
1.		
2.		

<b>Warranty Period</b>	
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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022

**SIGNED:**

(Signature) \_\_\_\_\_ in the capacity of \_\_\_\_\_

[BLOCK LETTERS]

Duly authorized to sign proposals for and on behalf of:

(Firm) \_\_\_\_\_

(Address) \_\_\_\_\_

**WITNESS:**

(Signature) \_\_\_\_\_ in the capacity of \_\_\_\_\_

[BLOCK LETTERS]