

**Exhibit B Section Xi.**

**Commissioning Services Bid Form**

To: **Area Cooperative Educational Services**  
**370 James Street**  
**Suite 303**  
**New Haven CT. 06513**

Project: **Area Cooperative Educational Services ACES at Chase State Project 244-0044 MAG**

We propose to perform the work described in the Request for Qualifications/Proposals

**Total Commissioning Service Fee:**

**Entire Project**

\_\_\_\_\_ Dollars (\$) )  
Written figure

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title  
of Agent submitting bid: \_\_\_\_\_

Name of Consultant Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTRACT**

If notified of the acceptance of this Proposal within ninety (90) calendar days of the time set for opening of bids, the Undersigned agrees to execute as-is the Professional Services Agreement. Consultant accepts this Agreement without any additional modifications and will execute and return this Agreement to ACES within five (5) calendar days of the receipt of such notification and in accordance with this Proposal.

**Exhibit B Section Xi.**  
**Commissioning Services Fee Breakdown of Costs**  
**Area Cooperative Educational Services**

Project: **ACES at Chase**

Consultant Company Name: \_\_\_\_\_

NO.	COMMISSIONING TASK	FEE
1.	Initial Phase	
2.	Construction Administration (CA) Phase	
3.	Occupancy and Post-Occupancy Operational Warranty Phase	
4.	Not to Exceed (NTE) Reimbursable Cost	
	<b>TOTAL FEE:</b>	

**Exhibit B**

Section Xii.

**Commissioning Services Fee Breakdown of Costs**

**Area Cooperative Educational Services**

**370 James Street, Suite 303**

**New Haven CT. 06513**

Project: ACES at Chase

Consultant Company Name: \_\_\_\_\_

**CONSULTANTS STANDARD HOURLY RATES & STAFFING PLAN**

(INCLUDES PROFIT & OVERHEAD)

Position	Name	Hourly Rate	Indicate Employee      or Subconsultant