EXHIBIT A:

**Rates/Fee Schedule – TO BE SUBMITTED IN SEALED ENVELOPE WITH PROPOSAL**

Please list all key personnel and fees to be utilized for on-call Architectural Services for NMC:

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| --- | --- |
| **Position/Title**(Indicate Below) | **Hourly Rate** |
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| **Reimbursable Items to be Billed (please list)** | **Estimated Cost Bills**(Note, indicated markup should not exceed 10%) |
|  | Total Cost (if applicable at the time of RFQ ) | % of Markup Calculated |
|  |  |  |
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Note- provided there are no rate negotiations and NMC, submitted rates/fees herein will become an attachment to the awarded Agreement(s) and a binding part of the Agreement.