|  |
| --- |
| Exhibit E  Medical Equipment Consultant’s Compensation & Schedule  of Values |

|  |  |
| --- | --- |
|  | **Fixed Fee** |
| **TOTAL MEDICAL EQUIPMENT CONSULTANT FEES** | $ \_\_\_\_\_\_\_\_\_\_ |
| TOTAL MEDICAL EQUIPMENT CONSULTANT REIMBURSABLE EXPENSES - [PERCENTAGE OF FEE IS ACCEPTABLE] | $ \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_% |

|  |  |
| --- | --- |
| **Schedule of Values** | **Fixed Fee** |
| Tower A Schematic Design Room List and Estimate | $ \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_Hrs |
| Tower A Design Development and Construction Document Phases | $ \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_Hrs |
| Tower A Cluster Meetings | $ \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_Hrs |
| Tower A Construction Administration | $ \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_Hrs |
| Tower A Procurement, Receipt, Storage, and Installation & CloseOut | $ \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_Hrs |

|  |  |
| --- | --- |
| Tower B&C Programming & Schematic Design Phase | $ \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_Hrs |
| Please indicate your raw salary rate [including all DPE] to billable rate multiplier | \_\_\_\_\_\_\_\_\_\_ |

**HOURLY BILLING RATES FOR ALL STAFF & COMPANIES INCLUDED IN PROPOSAL**

Rates, inclusive of Direct Personal Expenses [DPE], to be provided for all identified Medical Equipment Consultant team members/ roles.