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| Exhibit EMedical Equipment Consultant’s Compensation & Schedule of Values |

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

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| **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 |

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| 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.