

**EXHIBIT B  
PRICE SCHEDULE**

**CONTRACT NO: 19PSX0180**

Rev. 7-16-19 Prev. Rev. 2015

CONTRACTOR NAME:		
DELIVERY:		PROMPT PAYMENT TERMS:

ITEM #	DESCRIPTION OF COMMODITY AND/OR SERVICES	QUANTITY	UNIT OF MEASURE	UNIT PRICE	TOTAL PRICE
	Biomedical Equipment Preventive Maintenance, for the Department of Mental Health and Addiction Services (DMHAS) locations below:  Please submit a flat monthly rate for all locations:				
	Capitol Region Mental Health Center (CRMHC) 500 Vine Street, Hartford, CT 06112 (Flat monthly rate)	Each	Monthly	\$ _____	
	Connecticut Mental Health Center (CMHC) 34 Park Street, New Haven, CT 06519	Each	Monthly	\$ _____	
	CT Valley Hospital/Blue Hills Hospital (CVH) PO Box 351, Middletown, CT 06457	Each	Monthly	\$ _____	
	River Valley Services (RVS) PO Box 351, Middletown, CT 06457	Each	Monthly	\$ _____	
	Southeastern MH Authority (SMHA) 401 W. Thames Street, Norwich, CT	Each	Monthly	\$ _____	
	Southwest CT MH System (SWCMH) Greater Bridgeport CMHC and FS DuBois Center 97 Middle Street, 1635 Central Avenue, Bridgeport, CT & 780 Summer Street, Stamford, CT	Each	Monthly	\$ _____	
	Western CT MH Network (WCMHN) 55 West Main Street, Waterbury, CT	Each	Monthly	\$ _____	
	Whiting Forensic Hospital (WFH) 70 O'Brian Drive, Middletown, CT	Each	Monthly	\$ _____	
	<b>TOTAL MONTHLY COST</b>				\$ _____
	Hourly rate Call-In Services				\$ _____
	Parts (Cost plus not to exceed 10%)				_____ %

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ITEM #	DESCRIPTION OF COMMODITY AND/OR SERVICES	QUANTITY	UNIT OF MEASURE	UNIT PRICE	TOTAL PRICE
	Biomedical Equipment Preventive Maintenance, for the Department of Corrections all locations listed in Excel spreadsheet:  Please submit a flat monthly rate for all locations:  All locations	15	Monthly	\$ _____	
	<b>TOTAL MONTHLY COST</b>				\$ _____
	Hourly rate Call-In Services				\$ _____
	Parts (Cost plus not to exceed 10%)				_____ %

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	Biomedical Equipment Preventive Maintenance, for the Department of Veteran Affairs location below:  Please submit a flat monthly rate for all location:  287 West Street, Rocky Hill, CT  <b>TOTAL MONTHLY COST</b>	Each	Monthly	\$ _____	\$ _____
	Hourly rate Call-In Services				\$ _____
	Parts (Cost plus not to exceed 10%)				_____ %

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	Biomedical Equipment Preventive Maintenance, for the Department of Developmental Services, Southbury Training School (STS) location below:  Please submit a flat monthly rate for location:  1461 South Britain Road, Southbury, CT  <p style="text-align: center;"><b>TOTAL MONTHLY COST</b></p> Hourly rate Call-In Services  Parts (Cost plus not to exceed 10%)	Each	Monthly	\$ _____	\$ _____  \$ _____  _____ %

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	Biomedical Equipment Preventive Maintenance, for the Department of Children & Families, Albert J. Solnit Center (DCF) location below:  Please submit a flat monthly rate for location:  915 River Road, Middletown, CT  <p style="text-align: center;"><b>TOTAL MONTHLY COST</b></p> Hourly rate Call-In Services  Parts (Cost plus not to exceed 10%)	Each	Monthly	\$ _____	\$ _____  \$ _____  _____ %