

Proposer Name: _____

			Year 1	Year 2	Year 3	Year 4	Year 5	Totals				
A. Management Fee (Annual)												
A. 200 Folly Brook Blvd, Wethersfield			\$	\$	\$	\$	\$					
B. Administrative Payroll	Hrs/ week	Hr. Cost Inc./Benefits Year 1	Annual Cost Year 1	Hr. Cost Inc./Benefits Year 2	Annual Cost Year 2	Hr. Cost Inc./Benefits Year 3	Annual Cost Year 3	Hr. Cost Inc./Benefits Year 4	Annual Cost Year 4	Hr. Cost Inc./Benefits Year 5	Annual Cost Year 5	
Property Manager	5 hrs.	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
B. Gen. Bldg. Payroll												
General Maintenance Worker	45 hrs. (Blended)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
	40 hrs.	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
	5 Hrs.	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
Sub-Total B&C/Payroll Hrs.			\$	\$	\$	\$	\$	\$	\$	\$	\$	
D. Estimated Overall Budget			1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	
Annual Cost Totals (A+B+C+D)			\$	\$	\$	\$	\$	\$	\$	\$	\$	

Note: Benefits and personnel equipment listed below are to be included in the requested hourly rates.

- 1) Retirement
- 2) Life Insurance
- 3) Health Insurance
- 4) Vacation/Sick/Holiday
- 5) Social Security (FICA)
- 6) Unemployment (FUTA/SUTA)
- 7) Workers' Compensation
- 8) Uniforms
- 9) Cell Phones/Beepers