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| --- | --- | --- | --- | --- |
|   |   |   |   |   |
|   | **Name of Consulting Firm:** |   |
|   | **Hourly Fee Schedule** |   |
|   |  |  |  |   |
|   | **Consultant Services for Berlin Sidewalk Design Project Berlin Bid # 2024-10** |   |
|   |  |   |
|   |  |  |  |   |
|   | **Employee Classification** | **Hourly Fee**  |   |
|   |  **to December 31, 2024** | **January 1, 2025 to December 31, 2025** |   |
|   | **Title 1** | **$xx.xx** | **$xx.xx** |   |
|   | **Title 2** | **$xx.xx** | **$xx.xx** |   |
|   | **Title 3** | **$xx.xx** | **$xx.xx** |   |
|   | **Title 4** | **$xx.xx** | **$xx.xx** |   |
|   | **Title 5** | **$xx.xx** | **$xx.xx** |   |
|   | **Title 6** | **$xx.xx** | **$xx.xx** |   |
|   | **Title 7** | **$xx.xx** | **$xx.xx** |   |
|   |  |  |  |   |
|   | These rates, unless modified and approved by both the Town of Berlin and Consultant,  |   |
|   | shall be utilized by Consultant in estimating for Berlin Sidewalk Design Project. |  |   |
|   |  |  |  |   |
|   |  |  |  |   |
|   | **Name of Consultant Firm** |  |  |   |
|   |  |  |  |   |
|   |   |  |  |   |
|   | Authorized Representative Name and Title |  |  |   |
|   |  |  |  |   |
|   |  |  |  |   |
|   | **Signature of Authorized Representative** |  |  |   |
|   |  |  |  |   |
|   |   |  |  |   |
|   | Town of Berlin Steele Center Sidewalk Design Project Berlin Bid # 2024-10 |  |   |
|   |   |   |   |   |