**GSS19363-ARMEDSECURITY**

**APPENDIX C – Pricing Table by Location/ Type**

|  |  |
| --- | --- |
| **VENDOR NAME:** |  |
| **ADDRESS:** |  |
| **CITY, STATE, ZIP CODE:** |  |
| **PHONE:** |  |
| **FAX:** |  |
| **CONTACT NAME:** |  |
| **EMAIL:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TIER 1 – Military Facility Armed Security Officer (MFASO – 1)** | | | | |
| **SITE (Line)** | **LOCATION** | **BILL RATE (Through 6/30/2020)** | **BILL RATE (Through 6/30/2021)** | **BILL RATE (Through 6/30/2022)** |
| **1** | **DNG- Joint Forces HQ** |  |  |  |
| **2** | **DNG – Army Aviation** |  |  |  |
| **3** | **DNG – USP&FO/ RRTS** |  |  |  |
| **4** | **DNG – RTI/ BBTS** |  |  |  |
|  |  |  |  |  |
| **5** | **DE Air National Guard Yellow Ribbon Events (offsite)** |  |  |  |
| **TIER 2 - Armed Security Officer (ASO-2)** | | | | |
| **SITE**  **(Line)** | **LOCATION** | **BILL RATE (Through 6/30/2020)** | **BILL RATE (Through 6/30/2021)** | **BILL RATE (Through 6/30/2022)** |
| **6** | **Kent County Levy Court** |  |  |  |
| **7** | **NC Clerk of the Peace** |  |  |  |
| **8** | **TASC- Wilmington** |  |  |  |
| **9** | **Sussex County Admin Building** |  |  |  |
| **10** | **Mortgage Mediation (both sites)** |  |  |  |
| **11** | **Emergency Upgrade to Armed Security for Unarmed Site** |  |  |  |

|  |  |
| --- | --- |
| **EMERGENCY BILL RATE (Line 10)**  **(Less than 30 days notification). \*must return to regular bill rate at 30 days** |  |
| **OVERTIME BILL RATE (Line item 11- must also list specific Site #)**  **1. Authorized only with written preapproval from agency for no more than 90 days in duration. After 90 days the vendor will absorb overtime cost any overtime cost.**  **2. No more than 5 overtime hours may be billed per site (not per guard). It remains the vendor responsibility to provide armed security officers for each location at normal bill rate. Any overtime exceeding 5 hours will be paid at regular bill rate. (Will not exceed regular time + 50%)** |  |
| **VACATION/ EXPEDITED BILL RATE (May not exceed more than 5% of regular bill rate)(Line 12)** |  |
| **HOLIDAY BILL RATE ((May not exceed more than 5% of regular bill rate) (Line 13)** |  |

**1. This Page must be completed and returned as a separate (working) .word document.**

**2. The vendor will provide a separate word document demonstrating the pay received per location vs. the amount billed per location for reference purposes.**