	ATTACHMENT A **FEE SCHEDULE**	**CITY OF PHOENIX**

Offeror shall provide an Hourly Billable Rate for Consultation and a Per Day Rate for Training.

Behavior Coach Consultation Hourly Rate: _____

Education Consultation Hourly Rate: _____

Group Training – In-Person Per Day Rate: _____

Group Training – Virtual Per Day Rate: _____

Group Training – Webinar Per Day Rate: _____

All materials required for training and/or available for purchase MUST be listed. Please use the following format:

Description	Price Per Item

Please use extra sheets, if necessary.