



**ATTACHMENT C - PRICE SCHEDULE**

**Proposer Name:**

| UNIT TYPE                      | DAILY RATE | WEEKLY RATE | MONTHLY RATE | ANNUAL RATE | SPECIAL EVENT DAILY RATE |
|--------------------------------|------------|-------------|--------------|-------------|--------------------------|
| Standard                       | \$         | \$          | \$           | \$          | \$                       |
| Accessible                     | \$         | \$          | \$           | \$          | \$                       |
| Handwash station               | \$         | \$          | \$           | \$          | \$                       |
| Standard changing station      | \$         | \$          | \$           | \$          | \$                       |
| Accessible changing station    | \$         | \$          | \$           | \$          | \$                       |
| Extra Service (per occurrence) | \$         | N/A         | N/A          | N/A         | \$                       |