

Idaho Center for Assistive Technology (ICAT)
5420 W. Franklin Rd, Ste A
Boise, ID 83705
Fee Worksheet for Organizations

Organization's Name: _____

Organization's Address: _____

Contact's Name: _____

Contact's phone and email: _____

Please circle your client base, and the related fee below.

| Client Base | Fee |
|----------------|----------|
| 1-9 | \$50.00 |
| 10 to 19 | \$75.00 |
| 20 to 49 | \$100.00 |
| 50 to 99 | \$150.00 |
| 100 to 299 | \$200.00 |
| 300 to 499 | \$250.00 |
| 500 to 999 | \$300.00 |
| 1,000 to 1,999 | \$400.00 |
| 2,000 and up | \$500.00 |

Include your check or purchase order for the appropriate amount from the table above when you return your completed contract to ICAT.

Service Categories:

Type of Organization: _____

Please Check One: For Profit Non-Profit

Signature: _____ Date: _____