**Association Management Pricing**

Community

# Homes # Offices # Stores # Boat Slips

Age and Present Condition of Property & Improvements

Miles from Office: Number of Employees:

Gross Common Area Budget:

| Gross Community Mgr’s Cost: |  | per Hour |
| --- | --- | --- |
| Gross Administrative Asst’s Cost: |  | per Hour |
| Gross Executive Mgr’s Cost: |  | per Hour |
| Gross Accounting Cost: |  | per Hour |

| **COMMUNITY MANAGER’S SERVICES** | |  | **# per Month** | **Hours Each** | **Total Hours** | **Cost Per Month** |
| --- | --- | --- | --- | --- | --- | --- |
| A. | Inspections |  |  |  |  | $ |
| B. | Site Visits |  |  |  |  | $ |
| C. | Capital Improvement Supervision |  |  |  |  | $ |
| D. | Association Meetings |  |  |  |  | $ |
| E. | Office Hours per Month |  |  |  |  | $ |
| F. | Travel Time: per Month |  |  |  |  | $ |
| G. | Travel Expense: Miles |  |  |  |  |  |
|  | X per Miles |  |  |  |  | $ |
|  |  |  |  |  |  |  |
|  | TOTAL COST |  |  |  |  | $ |

| **ADMINISTRATIVE ASSISTANT’S SERVICES** | |  | **# per Month** | **Hours Each** | **Total Hours** | **Cost Per Month** |
| --- | --- | --- | --- | --- | --- | --- |
| A. | Inspections |  |  |  |  | $ |
| B. | Site Visits |  |  |  |  | $ |
| C. | Capital Improvement Supervision |  |  |  |  | $ |
| D. | Association Meetings |  |  |  |  | $ |
| E. | Office Hours per Month |  |  |  |  | $ |
| F. | Travel Time: per Month |  |  |  |  | $ |
| G. | Travel Expense: Miles |  |  |  |  |  |
|  | X per Miles |  |  |  |  | $ |
|  |  |  |  |  |  |  |
|  | TOTAL COST |  |  |  |  | $ |

| **EXECUTIVE SERVICES** | |  | **# per Month** | **Hours Each** | **Total Hours** | **Cost Per Month** |
| --- | --- | --- | --- | --- | --- | --- |
| A. | Inspections |  |  |  |  | $ |
| B. | Site Visits |  |  |  |  | $ |
| C. | Surveys/Consulting |  |  |  |  | $ |
| D. | Association Meetings |  |  |  |  | $ |
| E. | Statement Review |  |  |  |  | $ |
| F. | Budget Preparation |  |  |  |  | $ |
| G. | Travel Time: per Month |  |  |  |  | $ |
| H. | Travel Expense: Miles |  |  |  |  |  |
|  | X per Miles |  |  |  |  | $ |
|  |  |  |  |  |  |  |
|  | TOTAL COST |  |  |  |  | $ |

| **ACCOUNTING SERVICES** | |  | **# per Month** | **Hours Each** | **Total Hours** | **Cost Per Month** |
| --- | --- | --- | --- | --- | --- | --- |
| A. | Receipts Accounted for Days per Month |  |  |  |  | $ |
| B. | Disbursements |  |  |  |  | $ |
| C. | Monthly Billing |  |  |  |  | $ |
| D. | Payroll: Checks Issued |  |  |  |  | $ |
| E. | Assoc. Statement Preparation |  |  |  |  | $ |
| F. | Resident Statement Preparation |  |  |  |  | $ |
| G. | Statement Duplication |  |  |  |  | $ |
| H. | Director Consultation |  |  |  |  |  |
|  | TOTAL COST |  |  |  |  | $ |
|  |  |  |  |  |  |  |
| **SUBTOTAL BEFORE OVERHEAD AND PROFIT** | |  |  |  |  | $ |

| **OVERHEAD AND PROFIT** | |  | **Percent of Subtotal Cost** |  |  | **Cost Per Month** |
| --- | --- | --- | --- | --- | --- | --- |
| A. | General Overhead |  | % |  |  | $ |
| B. | Marketing |  | % |  |  | $ |
| C. | Profit & Contingencies |  | % |  |  | $ |
|  |  |  |  |  |  |  |
| TOTAL MONTHLY COST…………………………….………………………………………………. | | | | | | $ |
|  | | | | | | |
| Cost per Unit …………………………………………………………......…………………………… | | | | | | $ |
| % of Budget………………………………………………….………………………………………… | | | | | | $ |

**DISCLAIMER:** These sample forms and agreements are not endorsed by BRP Education™. They are presented for informational purposes only and should not be relied upon for accuracy, completeness or consistency with applicable law. The user is advised to check all applicable state and federal law before using these forms, agreements, or parts thereof. Because certain forms have legal implications (e.g., management agreements, rental applications), it is recommended that downloaded versions of such forms should be reviewed with legal counsel prior to their use and that any modifications made by the user should also be reviewed by legal counsel.