**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………………………………………………….………………………………………… | $ |

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