**Attachment E - SIGNATURE PAGE FORM**

The undersigned, having examined these documents and having full knowledge of the condition under which the Services described herein must be provided, hereby proposes fulfillment of the obligations contained herein in accordance with all insurance documents, instructions, terms, conditions, and specifications set forth; and that all required Services be furnished and that all incidental costs be paid in strict conformity with these documents, for the stated prices as payment in full.

|  |  |
| --- | --- |
| Submitting Firm: |  |
| Address: |  |
| City: |  | County: |  | State: |  | Zip: |  |
| Authorized Representative (print): |  | Title: |  |
| Authorized Signature: |  |
| Date: |  | E-mail: |  |
| Phone # | ( )  | Fax # | ( ) |
| Federal ID Number |  |
| Iowa Department of Labor Registration Number, if applicable |  |

The State of Iowa requires that all individual contractors and businesses performing “construction” work within Iowa be registered with the Division of Labor and renew that registration annually. More information about this law can be found at <http://www.iowaworkforce.org/labor/contractor.htm>

**FIRM PRICING**

Offered pricing shall remain firm for a minimum of sixty (60) days after the due date of this solicitation unless indicated otherwise. Accepted pricing shall remain firm for the duration of the contract.

**ADDENDA {It is the Proposer’s responsibility to check for issuance of any addenda}**

The above-signed hereby acknowledges receipt of the following addenda:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Addenda Number: |  | Date: |  |  | Addenda Number: |  | Date: |  |
|  |
| Addenda Number: |  | Date: |  |  | Addenda Number: |  | Date: |  |

**PAYMENT METHOD**

|  |  |  |
| --- | --- | --- |
| Do you accept a credit card for payment of purchases? | Yes [ ]  | No [ ]  |

**QUICK PAY DISCOUNT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If you provide a discount for quick payment, please state the discount and terms: |  | % |  | days |

|  |  |  |
| --- | --- | --- |
| Does this discount apply to payments made by MasterCard? | Yes [ ]  | No [ ]  |

**PROPOSED SUB-CONSULTANTS (Reference General Terms and Conditions, section titled *Subcontracting).***

|  |  |  |  |
| --- | --- | --- | --- |
| If awarded this project, do you plan to use any sub-consultants? | Yes [ ]  | No [ ]  | If yes, list information below. |
| Sub-consultant Company Name | Address | IA Contractor Registration #(if applicable) |
|  |  |  |
|  |  |  |
|  |  |  |

[ ]  We choose not to bid at this time. [ ]  We would like to be considered for future solicitations.