

**ATTACHMENT A – FINANCIAL PROPOSAL AND SIGNATURE PAGE**

The undersigned Contractor has carefully examined the work described herein and has become familiar with the character and extent of the work. All work shall be in accordance with all applicable Federal, State and local regulations and the specifications stated in this document. The undersigned Contractor declares that this Agreement is made without connection with any other person or persons submitting proposals for the same work, and is in all respects fair and without collusion or fraud.

**Financial Proposal:** This portion of the Company’s proposal shall include ONLY the proposed cost. The proposed lump sum shall include all direct and indirect costs. No additional fees or charges shall be allowed as separate line items on an invoice.

Annual Lump Sum, to be paid on a monthly basis:                   \$ \_\_\_\_\_

The undersigned Proposer, having examined these documents and having full knowledge of the condition under which the work described herein must be performed, hereby proposes that she/he will fulfill the obligations contained herein in accordance with all instructions, terms, conditions, and specifications set forth; and that she/he will furnish all required products/services and pay all incidental costs in strict conformity with these documents, for the stated prices as payment in full.

Submitting Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized Representative (print): \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

**EXCEPTIONS/DEVIATIONS** to this Request for Proposal shall be taken below. If adequate space is not provided for exceptions/deviations, please use a separate sheet of paper. If your company has no exceptions/deviations, please write "No Exceptions" in the space below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

The authorized representative 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