

ATTACHMENT A – FINANCIAL SUBMITTAL 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.

All inclusive

Price, per parcel to include all tasks as stated on pages 3-4 \$ \_\_\_\_\_ Per parcel

All inclusive

Price, per parcel if property owner rejects offer for a voluntary buyout and parcel is closed \$ \_\_\_\_\_ Per parcel

How soon will work begin after receipt of purchase order? \_\_\_\_\_ Bus. Days

How many employees do you plan to commit to this project? \_\_\_\_\_ Employees

Estimated number of parcels that your company can complete per week? \_\_\_\_\_ Parcels

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 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