## **COST PROPOSAL FORM**

Cost proposal form and attachments must be in a separate sealed envelope. Label the envelope "Cost Proposal."

Company Name: \_\_\_\_\_

The Contractor's proposal is for the 2023 Transit Department Administration and Garage Facilities Space Needs Assessment. The proposal price entered below shall be based on the anticipated number of hours to complete the Scope of Work identified within the 2023 Transit Department Administration and Garage Facilities Space Needs Assessment RFP. A Not to Exceed Cost proposal is provided; the price quoted in this proposal shall include all terms of items of labor, material, tools, equipment, training, and other costs necessary to fully complete the contract. The Not to Exceed Cost proposed below represents the maximum total amount to be paid to the Proposer for the completion of the 2023 Transit Department Administration and Garage Facilities Space Needs Assessment as described in the RFP.

This is a firm-fixed price contract for a base period of one (1) year. Proposers are required to submit a firm-fixed price for the contract base period that covers all operating and administrative costs of performing the service. The contract will contain zero (0) options.

The competitiveness of the offered prices will be based on the total Space Needs Assessment Contract Cost Not to Exceed.

Transit Department Administration and Garage Facilities

Anticipated Number of Hours to Complete Proposal:

Hourly Rage Space Needs Assessment Contract Cost Not to Exceed:

\$		
\$		

Attach worksheets or other detail explaining cost calculation.

I certify that all the information in this Cost Proposal for Transit Department and Garage Facilities Space Needs Assessment is true and accurate.

Name:	
Title:	
Signature:	
Company Name (proposer):	
Date:	
I certify that I have read and will abide by all Federal and State Clauses a	pplicable to this RFP.
Title:	
Signature:	
Company Name (proposer):	
Date:	