

Contact Page

Proposer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

President/Director *(or authorized designee)*

Name: _____

Title: _____

Email: _____

Phone: _____

Program Manager

Name: _____

Title: _____

Email: _____

Phone: _____

The undersigned agrees to perform the services specified in the SAMPLE CONTRACT included with this Request for Proposal at a rate per day per crew not to exceed:

	Per Day Crew Rate	Number of Crews	Days for FY
10/01/2022 - 12/31/2022	\$ -		61
1/01/2023 - 12/31/2023	\$ -		252
1/01/2024 - 6/30/2024	\$ -		125

TOTAL CONTRACT AMOUNT \$ -

SIGNATURE _____

DATE _____