

## ATTACHMENT B – PRICE PROPOSAL SIGNATURE PAGE

ALL PRICES SHALL REMAIN VALID FOR ONE HUNDRED AND TWENTY (120) DAYS AFTER PROPOSAL OPENING.

**SOLICITATION NO.: RFP 26-027 PROPERTY AND OPERATIONS MANAGEMENT SERVICES FOR CRA-OWNED RESTAURANT INCUBATOR FACILITIES**

Prices shall contain all costs to include labor, equipment, tools, transportation, overhead, general and administrative, incidental expenses, operating margin and sub consultant costs (if any).

The price(s) will apply to the annual contract period. The price(s) provided must be stated specifically in dollars and cents, NOT a percentage increase. If a "0" (zero) is entered, that will be the fee the Proposer will receive if awarded this agreement. If a space is left blank, or a space is marked N/A, or the Department's Attachment "B", Bid Price Sheet is not utilized by the Bidder, the bid may be considered non-responsive.

The quantities are estimated for calculation purposes only and are not necessarily a representation of the actual quantities that will be authorized under this Agreement.

- **Do Not Re-Create, Modify or Replace the Department's Attachment "B" – Bid Price Sheet with your own version**
- **Do Not Change the Department's Estimated Quantity**
- **Do Not Change the Unit Type**
- **The Proposer MUST PROVIDE PRICING ON ALL ITEMS listed**

**ACKNOWLEDGEMENT:** I certify that I have read and agree to abide by all terms and conditions of this solicitation and that I am authorized to sign for the Bidder. I certify that the Bid submitted is made in conformance with all requirements of the solicitation. In submitting a response, the Bidder acknowledges they have read and agree to the solicitation terms and conditions and their submission is made in conformance with those terms and conditions.

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

FEID #: \_\_\_\_\_

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

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_