

Contact Page

Proposer _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____

President/Director *(or authorized designee)*

Name: _____
Title: _____
Email: _____
Phone: _____ **Fax:** _____

Program Manager

Name: _____
Title: _____
Email: _____
Phone: _____ **Fax:** _____

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:

A. _____

(\$ _____) for the fiscal year 18/19

SIGNATURE _____ **DATE** _____