

ATTACHMENT E – FINANCIAL PROPOSAL FORM UPDATED 06/03/13
PSC #09-02-13 Technical Staff Support for Order No.: 85385 in Case No.: 9298

PROPOSAL OF:

_____ (name)
 _____ (address)
 _____ (city, state, zip)

By submitting a Technical Proposal and this Price Proposal, the undersigned hereby declares to have carefully examined all documents, attachments and reference materials described within this RFP and contract document. The undersigned further proposes and agrees to furnish all services necessary for the performance of the above referenced contract for the Public Service Commission in accordance with the RFP and all other documents referenced by the RFP including all attachments and Addenda issued by the PSC.

The Labor Rates (hourly rates) submitted by the Offeror via this Price Proposal shall be firm for the term of the contract. Reimbursement of expenses will be limited to direct out-of-pocket travel, express mail charges, necessary courier expenses and other extraordinary expenses incurred at the direction of the PSC. Travel expenses will be reimbursed in accordance with the State’s standard travel regulations.

Using the personnel identified in the Technical Proposal, Section 4.4.3.7; provide the hourly rates for each individual:

Part A. Hourly rates for personnel

A	B	C	D	E
Name(s)	Title	Labor Rate (Rate per hour)	Number Of hours	Total (C x D)
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
SUBTOTAL – Part A				\$

Part B. Other Expenses

				\$
				\$
				\$
				\$
SUBTOTAL – Part C				\$

TOTAL OFFER PRICE (Part A + Part B): \$ _____

_____ DOLLARS AND ___/100
(write out price in words)

Submitted By:

Printed Name and Title

Authorized Signature: _____ Date: _____

Company Name: _____

Company Address: _____

Location(s) from which services will be performed (City/State)

Telephone Number: _____ Fax Number: _____

Email: _____

Federal Identification Number (FEIN): _____

eMM Registration/Vendor Number: _____

(Must be supplied within five (5) days of Proposed Award Letter)

Maryland State Department of Assessments and Taxation (SDAT) Vendor Department ID
Number: _____

(Must be supplied within five (5) days of Proposed Award Letter)