

**ATTACHMENT F – FINANCIAL PROPOSAL FORM**

**PSC #05-20-14 Exelon Corporation Acquisition of Pepco Holdings, Inc.**

SECTION 3.2 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 Financial Proposal shall be firm for the **one (1)** year 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

Using the personnel identified in the Technical Proposal, Section **4.4.2.7**; provide the hourly rates for each individual:

**Part A.** Hourly rates for personnel assigned to PSC #05-20-14

A	B	C	D	E
Name(s)	Title	Hourly Labor Rate	Estimated Number Of hours	Total (C x D)
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
<b>SUBTOTAL – Part A</b>				\$

**Part B.** Expenses

		\$
		\$
		\$
<b>SUBTOTAL – Part B</b>		\$

**TOTAL OFFER PRICE** (Part A + Part B)

\$ \_\_\_\_\_

\_\_\_\_\_  
 (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)**