BASE CONTRACT PRICE PROPOSAL FORM

PROPOSAL TO: *Yelena Semenova*
State of Washington
Department of Enterprise Services
Engineering & Architectural Services
1500 Jefferson Street SE
Olympia, WA 98501

PROPOSAL:

Having carefully examined the Request for Proposal for Design-Build Services for the Pierce County Readiness Center at Camp Murray, dated May 27, 2014 (RFP) as prepared by the State of Washington Department of Enterprise Services (DES), and Addenda No's _ _ through _ _ inclusive, receipt of which is hereby acknowledged, we propose to perform the Work identified in the RFP and Addenda, described in our Proposal, under the terms and conditions contained in the RFP for the Lump Sum Price of

_ _ _ _ Dollars
Words

$ _ _
Figures

This Guaranteed Maximum Price includes all applicable federal, state, county, municipal and campus taxes, except Washington State Sales Tax, as well as all fees, licenses, permits, business and occupational taxes for the Work which are legally enacted on the date indicated herein above.

ALLOWANCES

Not Applicable

TIME OF COMPLETION

The undersigned hereby agrees to complete the Work by the proposed Date of Substantial Completion as described in the RFP, and which date shall commence after the date of the Issuance by DES's Representation of a Notice to Proceed with Design Work, and 90 calendar days beyond the Substantial Completion will be the date of Final Completion, or such date as may only be changed by the parties pursuant to a Change Order.

PROPOSAL GUARANTEE

The undersigned agrees that this Proposal may be accepted by DES anytime within the one hundred twenty (120) calendar days immediately following the date indicated herein below, and the undersigned further agrees to submit a fully executed Agreement, insurance certificates, and performance and payment bond within seven (7) calendar days after receipt of the Notice of Contract Award from DES.

PROPOSAL FROM:

_____
(Candidate firm name)

_____
(Authorized Candidate representative's signature)

_____
(Representative's printed name and title)

Date: _____

Address: _____

_____

_____

Phone / Fax: _____

State of Washington Contractor's License No:_____