



Oconee County Board of Commissioners
Cost Proposal (Revised)

RFP 1907-02

Grounds Maintenance Services – Area 2

I certify that the proposal is accurate and reflect any applicable discounts, and that the company, which I represent, will deliver the services and related items for this proposed amount. By submission of this proposal, I also certify that I, the OFFEROR, has read and understands all of the requirements contained in this solicitation, and agrees to be bound by all the terms and conditions contained in this solicitation without exception.

I have included all required documents required per the Request for Proposal Documents. I, the Offeror, has availed itself of every opportunity to understand the requirements of this solicitation. Therefore, the undersigned respectfully submits this Proposal and all attachments, if required.

Please use this Cost Schedule to indicate the cost for this project. Your total cost must include ALL fees, travel, and any other costs needed to complete the project. Please answer the questions below:

- 1. Federal Tax ID# _____
- 2. Indicate legal form of proposer:
Corporation____ Partnership____ Individual____ Other (specify)_____
- 3. Do you plan to subcontract any portion of this project? Yes _____ No_____
If yes, please provide an attached list of names of subcontractors with your proposal (County form provided).
- 4. Anticipated Start Date: _____
- 5. Are there any Exceptions noted in your submittal? Yes_____ No _____
If yes, please clearly mark the exceptions on the RFP document and return with your cost proposal.
- 6. Did you submit an Alternate Bid? Yes _____ No _____
If yes, please submit alternate on a separate sheet of paper, sealed in an envelope marked "Alternate Proposal". Alternate proposals will only be accepted if noted as such in the RFP documents or issued addenda.
- 7. THE UNDERSIGNED PROPOSES TO FURNISH THE FOLLOWING SERVICES TO THE RFP SCOPE OF WORK ISSUED BY OCONEE



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COUNTY. ANY EXCEPTIONS ARE CLEARLY MARKED IN THE ATTACHED COPY OF THE RFP. PRICES ARE GOOD FOR 90 DAYS AFTER AWARD:

(Firm/Company-*PRINTED*)

(Address, City, State, Zip)

(Respondent, Name-*PRINTED*)

(Respondent Contact Email/Phone)

BY: Signature of Authorized Officer or Agent
(Contractor Name)

Date

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON
THE ____ DAY OF _____ 20__

[NOTARYSEAL]

Notary Public _____

My Commission Expires: _____



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FACILITY	SERVICES	ANNUAL COSTS
Parks Services-OVP	Basic Services	\$
Parks Services-HCM	Basic Services	\$
Parks Services-BSC	Basic Services	\$
Parks Services-HP	Basic Services	\$
Parks Services-OCMS	Basic Services	\$
Senior Center	Basic Services	\$
Animal Services	Basic Services	\$
Fire Stations (all 7 must be bid as one)	Basic Services	\$
Fleet Maintenance	Basic Services	\$
Roadside Mowing	Basic Services	\$
ADD-ON SERVICES	DESCRIPTION	COST (HR., APP., MOW, ETC.)
All Facilities	Additional Mowing-General	\$
All Facilities	Additional Mowing-Bush Hog	\$
All Facilities	Wildlife Repellent	\$
All Facilities	Fire Ant Control Application	\$
All Facilities	Leaf & Storm Debris Removal	\$
All Facilities	Trash Clean-up & Removal	\$
Roadside Mowing	Additional Mowing-Epps Bridge Pkwy/Oconee Connector	\$