



FIRM PRICE QUOTE CLERICAL TEMPORARY SERVICES MARKUP PROPOSAL

The undersigned, having examined all related documents and being familiar with all conditions related to the proposed work, hereby submits the following price quote for furnishing all labor for multiple labor positions as specified.

ITEM	Labor	Base Hourly Wage	Full Burden %
1		Minimum wage to \$16	
2		\$17 to \$20	
3		\$21 to \$24	
4		\$24 and Above	
Placement Fee duration/cost prior to 90 days			

Mark-up is to include all taxes, insurance and other associated fees.

AGENCY NAME: _____

PRICE QUOTES SHALL BE SUBMITTED IN A SEPARATE, SEALED ENVELOPE AS PART OF THE PROPOSAL.

Sealed



FIRM PRICE QUOTE ALL OTHER TEMPORARY SERVICES MARKUP PROPOSAL

The undersigned, having examined all related documents and being familiar with all conditions related to the proposed work, hereby submits the following price quote for furnishing all labor for multiple labor positions as specified.

ITEM	Labor	Base Hourly Wage	Full Burden %
1		Minimum wage to \$16	
2		\$17 to \$20	
3		\$21 to \$24	
4		\$24 and Above	
Placement Fee duration/cost prior to 90 days			

Mark-up is to include all taxes, insurance and other associated fees.

AGENCY NAME: _____

PRICE QUOTES SHALL BE SUBMITTED IN A SEPARATE, SEALED ENVELOPE AS PART OF THE PROPOSAL.



This proposal is submitted by _____

a corporation organized under the laws of the State of _____; a partnership
consisting of _____; or individual trading as _____
_____; of the City of _____,

and is the holder of current Arizona State Contractors License Classification _____

License No: _____.

Respectfully Submitted:

DATE: _____

NAME OF FIRM REPRESENTATIVE: _____

TITLE: _____

SIGNATURE: _____

FIRM ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____



ADDENDUM ACKNOWLEDGEMENT

RECEIPT OF ADDENDA:

Contractor acknowledges receipt of the following Addenda relating to the Request for Qualifications (RFQ) for Job Order Contracting (JOC) for Designing and Installing Message Boards in Kingman, Arizona.

Addendum No.

Date

Company Name

Representative Name (Print)

Representative's Signature

Date



DISCLOSURE OF RESPONSIBILITY STATEMENT

A. List any convictions of any person, subsidiary, or affiliate of the company, arising out of obtaining, or attempting to obtain a public or private contract or subcontract, or in the performance of such contract or subcontract.

B. List any convictions of any person, subsidiary, or affiliate of this company for offenses such as embezzlement, theft, fraudulent schemes, etc. or any other offenses indicating a lack of business integrity or business honesty, which affects the responsibility of the contractor.

C. List any convictions or civil judgments under state or federal antitrust statutes.

D. List any violations of contract provisions such as failing to perform (without good cause), or unsatisfactory performance, in accordance with the specifications of a contract.

E. List any prior suspensions or debarments by any governmental agency.

F. List any contracts not completed on time.

G. List any penalties imposed for time delays and/or quality of materials and workmanship.

H. List any documented violations of federal or state labor laws, regulations, or standards, occupational safety and health rules.

I, _____ as _____
Name of individual Title & Authority

of _____, declare under oath that the above statements, including Company Name any supplemental responses attached hereto, are true.

BY: _____ (Signature of Individual/Representative)

STATE OF: _____)
) ss.
COUNTY OF: _____)

On this the ____ day of _____, 20_____, before me, the undersigned Notary Public, personally appeared _____, who acknowledged to me that they executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

NOTARY PUBLIC

My Commission Expires: _____ SEAL
STATE OF: _____)
) ss.
COUNTY OF: _____)

On this the ____ day of _____, 20____, before me, the undersigned NOTARY PUBLIC, personally appeared _____, who acknowledged to me that they executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

NOTARY PUBLIC

My Commission Expires



CERTIFICATE OF INSURABILITY

I hereby certify that as a Bidder to City of Kingman (City) for Solicitation No. _____ I am fully aware of insurance requirements contained in the Contract and by the submission of this bid. I hereby assure City that I am able to produce the insurance coverage required should I be selected to be awarded the Contract.

Should I be awarded the Contract by City and then become unable to produce the insurance coverage specified within ten (10) working days, I am fully aware and understand that this will constitute a material breach of this Contract and will be subject to penalties up to and including termination of the Contract at the sole discretion of the City. I also understand and am fully aware that I may not be considered for further projects by City.

Signature of Agency

Company

Date