ATTACHMENT B

City of Redmond
Proposal Pricing Submittal Sheet
IFB 10445-14/MWS
Generator Inspection/Maintenance Service

Company Name: _____ Contact Person: _____

Company Address: _____

City: _____, State: _____, Zip: _____

Phone #: (____) _____ Fax #: (____) _____ email: _____

We offer this submittal in response to the City's Invitation For Bid. The proposed prices are to be fully-burdened, including direct labor cost, overhead, profit and travel costs

A. Provide pricing for inspections/maintenance
Provide a price for a three quarterly inspections, annual testing and maintenance service for fire station generators. Prices are to include taxes. Show price per quarterly inspection, and total for 3 inspections.

Generator/Location	Service	Total Price
Fire Station 11, 300 KW (9.5% tax)	Quarterly $	$
	Annual	$
	Load Test	$
	Sub-total	$
Medic One Bldg, 8 KW (9.5% tax)	Quarterly $	$
	Annual	$
	Load Test	$
	Sub-total	$
Fire Station 12, 35 KW (9.5% tax)	Quarterly $	$
	Annual	$
	Load Test	$
	Sub-total	$
Fire Station 13, 25 KW (9.5% tax)	Quarterly $	$
	Annual	$
	Load Test	$
	Sub-total	$
Fire Station 14, 40	Quarterly	$

KW (8.6% tax)	$	
	Annual	$
	Load Test	$
	Sub-total	$
Fire Station 17, 150 KW (9.5% tax)	Quarterly $	$
	Annual	$
	Load Test	$
	Sub-total	$
Fire Station 16, 125 KW (9.5% tax)	Quarterly $	$
	Annual	$
	Load Test	$
	Sub-total	$
Mechanics Shop, Fire Station 16, 125 KW (9.5% tax)	Quarterly $	$
	Annual	$
	Load Test	$
	Sub-total	$
Fire Station 18, 200 KW (8.4% tax)	Quarterly $	$
	Annual	$
	Load Test	$
	Sub-total	$
MOCPK (9.5% tax)	Quarterly $	$
	Annual	$
	Load Test	$
	Sub-total	$
Total Price		$

B. Billing Rates

Provide fully burdened hourly billing rates for any additional work required beyond the semi-annual inspection and annual maintenance service. Hours shown are estimates only and are not a guarantee of a specific amount of work.

Hourly Rate (9.5% tax)	6 hours	$ per hour	$ total

Bid Validity: 60 days calendar days from bid receipt date. The City of Redmond reserves the right to request of the 60 day period.

REFERENCES:
Supplier to furnish the name, address, phone number and contact for three client/customer references:

1. _____

2. _____

3. _____

City of Redmond, Business License #:_____ or ___ I/we agree to obtain upon award of this purchase.

The undersigned agrees fully with the terms and conditions of this Invitation For Bid and acknowledges they are authorized to sign bids for the company.

Authorized Agent: _____ Date: _____