

## FORM OF PROPOSAL

To whom it may concern:

We hereby submit our Proposal Documents for “Design Services for the Development of Water Supply Capacity Management Plans “as indicated in the Proposal Documents. Having carefully examined the Proposal Documents and having received clarification on all items of conflict or upon which any doubt arose, the undersigned hereby requests consideration of our Vendor for award of the referenced Proposal.

TASK	DESCRIPTION	UNIT OF MEASURE	TOTAL PRICE
1	Develop Capacity Management Plan (CMP) for Ocean Pines System	Lump Sum	
2	Develop Capacity Management Plan (CMP) for the MD 611 Corridor System	Lump Sum	
3	Water Model of Ocean Pines System	Lump Sum	
<b>Total Not to Exceed Price</b>			

Is your company currently involved in any active litigation? (Yes)\_\_\_\_\_ (No) \_\_\_\_\_ CHECK One.

Have you included your certificate of good standing with the State of Maryland? (See Section I, Subsection H.1 for more information.) (Yes)\_\_\_\_\_ (No) \_\_\_\_\_ CHECK One.

Is your company currently involved in any mergers or acquisitions? (Yes)\_\_\_\_\_ (No) \_\_\_\_\_ CHECK One.

Has your organization compiled your Completed Proposal Document as per Section I, subsection D.3 and in accordance with the Proposal Specifications Section of this Proposal Document?  
(Yes)\_\_\_\_\_ (No) \_\_\_\_\_ CHECK One

NOTE: THIS PROPOSAL FORM MUST BE SIGNED BY AN OFFICER OF YOUR COMPANY OR AN AUTHORIZED AGENT FOR THIS PROPOSAL TO BE CONSIDERED VALID BY THE COUNTY.

\_\_\_\_\_  
Sign for Identification

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

