

**PRICING PROPOSAL
CALVERT COUNTY DEPARTMENT OF SOCIAL SERVICES
LEGAL SERVICES**

	A		B		C
	# OF MONTHS	X	FULLY-LOADED FIRM FIXED MONTHLY RATE*	=	PRICE
1. Fully-Loaded Firm Fixed Price for Base Year 1	12	X	\$ _____	=	\$ _____ (Columns A x B)
2. Fully-Loaded Firm Fixed Price for Base Year 2	12	X	\$ _____	=	\$ _____ (Columns A x B)
3. Fully-Loaded Firm Fixed Price for Base Year 3	12	X	\$ _____	=	\$ _____ (Columns A x B)
4. TOTAL PROPOSED FULLY-LOADED FIRM FIXED PRICE (Total Column C)					\$ _____ (Amount used to Evaluate Financial Proposals)

* The Fully Loaded Firm Fixed Monthly Rate shall include all general, administrative, and indirect costs necessary to provide all services as described in the RFP. No price adjustments will be allowed during the term of this Contract.

Name of Firm (full legal name)

Address (Include City, State, and Zip)

eMM Registration #

FEIN or Social Security Number

Telephone Number (direct)

Signature of Person Authorized
To Bind Prices and Bid

Printed Name & Title or Person
Authorized To Bind Prices and Services

Date