

Building Hope Nevada

RATES

Vendors must provide fixed hourly rates for all services associated with the responsibilities and related services. Clearly specify the nature of all expenses anticipated. Rates will be capped at \$200 per hour.

Use this table to submit your rates:

RFQ 2046 VENDOR NAME:				
DESCRIPTION	HOURLY RATE (YEAR 1)	HOURLY RATE (YEAR 2)	HOURLY RATE (YEAR 3)	HOURLY RATE (YEAR 4)
Application Development and Writing	\$75.00	\$75.00	\$75.00	\$75.00
Grant Consulting	\$185.00	\$185.00	\$185.00	\$185.00
Research	\$80.00	\$80.00	\$80.00	\$80.00
Training	\$85.00	\$85.00	\$85.00	\$85.00
Other Expenses (list):	YEAR 1	YEAR 2	YEAR 3	YEAR 4

**ATTACHMENT J – COST PROPOSAL CERTIFICATION OF COMPLIANCE
WITH TERMS AND CONDITIONS OF RFQ**

I have read, understand and agree to comply with **all** the terms and conditions specified in this Request for Qualifications.

YES X I agree to comply with the terms and conditions specified in this RFQ.

NO I do not agree to comply with the terms and conditions specified in this RFQ.

If the exception and/or assumption require a change in the terms in any section of the RFQ, the contract, or any incorporated documents, vendors **must** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Note: Only cost exceptions and/or assumptions should be identified on this attachment. Do not restate the technical exceptions and/or assumptions on this attachment.

Building Hope Nevada

Company Name

Laurel W Cole

Signature

Laurel Cole

4/25/13

Print Name

Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFQ SECTION NUMBER	RFQ PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFQ SECTION NUMBER	RFQ PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab III of vendor's cost proposal.
This form **MUST NOT** be included in the technical SOQ.