Attachment E
Bid/Price Proposal Form

Solicitation number: **K27-0034-81**

Project title: **District Court of Maryland for Allegany County AiPhone System**

Line	Description	Position (e.g., Supervisor, Helper, etc.)	Unit Price (UP)	Qty. (hrs.)	Total (UP x Qty.)
1	Labor		$ per hour		$
2	Labor		$ per hour		$
3	Labor		$ per hour		$
4	Labor		$ per hour		$
5	Labor		$ per hour		$

Line	Description	Total
6	Materials	$
7	Two (2) year warranty	$
	Total (Lines 1-7)	$

Bidder/Offeror Name: _____

Bidder/Offeror Address: _____

Federal Tax Identification No.: _____

Telephone No.: _____

Email: _____

MBE: ☐ No ☐ Yes, Certification No.: _____

VSBE: ☐ No ☐ Yes, Certification No.: _____

_____ _____

Signature of Authorized Representative **Date**

_____

Print name of Authorized Representative

_____

Title of Authorized Representative