ATTACHMENT B – BID SHEET

EMMA BPM023301 – DPP RISK ASSESSMENT VALIDATION

CONTRACTOR'S NAME: _____

CONTRACTOR'S FEDERAL ID NO.: _____

CONTRACTOR'S ADDRESS: _____

CONTACT PERSON'S NAME: _____

CONTRACTOR'S TELEPHONE NO.: _____

CONTRACTOR'S EMAIL ADDRESS: _____

CONTRACTOR'S MBE/ SBR NO.: _____

CONTRACTOR WILL SUPPLY ALL LABOR, MATERIALS, AND EQUIPMENT NECESSARY TO CONDUCT AN ASSESSMENT OF THE DEPARTMENT'S RISK ASSESSMENT TOOL AND THE EFFECTIVENESS THEREOF.ACCORDING TO THE SPECIFICATIONS PROVIDED IN THE SCOPE OF WORK OF THIS IFB.

LUMP SUM BASE PRICE: _____

This form is to be completed in its entirety without alterations, exceptions or additions.

Representing the above Company

_____
SIGNATURE*

_____
Print Name & Title Date

***The person signing this Bid Sheet must be an Officer of the Company, authorized to contract on behalf of the Company or another authorized person whose proof of authority is hereby attached. (Please attach a notarized copy of said authorization to this Bid Proposal, i.e.; Corporate Resolution)**

THE MARYLAND DEPARTMENT OF PUBLIC SAFETY & CORRECTINAL SERVICES RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS IN WHOLE OR IN PART.