

**RFP Price Form  
For  
Intersection of Georgia Avenue and Spring Street**

<b>Total Proposal Price for the complete design of the intersection improvement of Spring St. and Georgia Avenue</b>	\$ _____
<b>Time Line for Project</b>	_____ <b>Calendar Days</b>

**I certify that my bid meets these minimum specifications. This bid shall be valid and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving bids.**

**Printed Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_