

ATTACHMENT 2 PROPOSAL FORM

Please indicate the services that you provide:

- Condenser repairs/replace Compressor repairs/replace
 Duct repair/replace Refrigerant leak testing using leak detectors
 Electric Control Failures Sensor Problems
 Capture refrigerant evacuated from the system
 Blower/fan repair/replace

1) Will you provide 24 hour services, 7 days a week including holidays: Yes ___ No ___
If no, list your service hours and days _____

2) Will you guarantee you will respond the same day for emergencies? Yes ___ No ___

3) What is your price per hour on a service call? Technician \$ _____

4) What is your price for each additional ½ hour (labor only)? Technician \$ _____

5) Do you have a minimum charge for service provided between 8:00am and 5:00pm? Yes ___ No ___
If yes, what is that charge \$ _____

6) What is your average response time between 8:00 am and 5:00pm.? _____ Hours

7) What is your hourly price for service provided after 5:00pm, and
on weekends and holidays? Technician: \$ _____

8) Do you have a minimum charge for services provided after 5:00 pm, and
on weekends and holidays? Yes ___ No ___
If yes, what is that charge? Technician \$ _____

9) What is your average response time after 5:00 pm, and on weekends and holidays _____ Hours

10) Does your work include a callback guarantee? Yes ___ No ___
If yes, how long is the guarantee? (e.g. 1 day, 30 days, etc.) _____ Days

11) Will you provide services within Travis County Yes___ No___

12) Will you advise Child Inc. on any unusual circumstances leading to a service call over one(1) hour? Yes___ No___

13) Do you have different hourly rates for different size units? Yes___ No___
If yes, please specify: _____

14) Is there an additional charge for servicing more than one(1) unit at an address Yes___ No___
If yes, please specify: _____

15) How many HVAC technicians are employed in your firm? _____

16) How many licensed HVAC technicians are on your staff? _____

17) Are you licensed? Yes___ No___

18) Have any claims or liens been filed against your firm for defective work in the last two(2) years? Yes___ No___

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

TAX ID: _____ CONTRACTOR LICENSE # _____

The undersigned Contractor hereby states that by completing and submitting this form and all other documents within this proposal submittal he/she is verifying that all information provided herein is to the best of the Contractor's knowledge true and accurate and that if Child Inc. discovers that any information entered herein to be false, this shall entitle Child Inc. to not consider or make award or to cancel any award with the undersigned party. Further, by completing and submitting all required bid documents, and by entering and submitting the costs per the Request for Proposal Price Sheet as identified in Attachment 2 – Proposal Form, the undersigned Contractor is thereby agreeing to abide by all terms and conditions pertaining to this Request for Proposal as issued by Child Inc., including an agreement to execute the contract, pursuant to all Request for Proposal

documents. As evidenced by this form and all attachments, the undersigned proposed to supply Child Inc. with HVAC Services for the fee(s) entered within the attached Request for Proposal Price Sheet.

PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____