

ATTACHMENT 2 PROPOSAL FORM

Please indicate the services that you provide:

- | | |
|---|---|
| <input type="checkbox"/> Drain Cleaning | <input type="checkbox"/> Water Heater Repair and Troubleshooting |
| <input type="checkbox"/> Sewer Line Repair | <input type="checkbox"/> Leak and Clog Troubleshooting |
| <input type="checkbox"/> Sewer Line Cleaning | <input type="checkbox"/> Plumbing Fixture Installation and Repair |
| <input type="checkbox"/> Water Line Repair | <input type="checkbox"/> Sewer Scoping/Video |
| <input type="checkbox"/> Annual Gas Inspections | <input type="checkbox"/> City of Austin required Backflow Testing |

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) For sewer cleaning, will your invoice state the cause of the blockage and what was pulled out? Yes___ No___

14) Do you have different hourly rates for different size sewer lines: Yes___ No___
If yes, please specify: _____

15) Is there an additional charge for clearing more than one(1) sewer line at an address Yes___ No___
If yes, please specify: _____

16) Do you perform "Scour Jetting"? Yes___ No___
If yes, what is the hourly rate for "Scour Jetting"? \$ _____

17) How many plumbers are employed in your firm? _____

18) How many licensed plumbers are on your staff? _____

19) Are you licensed? Yes___ No___

20) 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 Plumbing Services for the fee(s) entered within the attached Request for Proposal Price Sheet.

PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____