



<b>PRICE FACTOR FORM</b>
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To: Department of Enterprise Services  
Olympia, WA

The undersigned submits the following Price Factor Proposal.

**PRICE FACTOR PROPOSAL:**

Where indicated in the box below, and only for work to be performed under the Contract Between Owner and Design-Builder – Guaranteed Maximum Price (Guaranteed Maximum Price Contract), Proposer shall provide a percentage amount that includes its home office fixed general and administrative costs (G&A costs) together with any profit to be paid to the Proposer which percentage shall be applied to the direct design and construction costs performed under the Guaranteed Maximum Price Contract.

Pursuant to and in compliance with the Request for Proposals, the undersigned certifies, having carefully examined the Contract Documents, and conditions affecting the Work, that the following percentage amount shall constitute full compensation for Design-Builder’s G&A costs and profit on all direct design and construction costs performed under the Guaranteed Maximum Price Contract.

	Design Build Capitol Campus Child Care Center, Olympia, Washington  Design-Builder's Fee: _____
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**SALES TAX:**

The Proposal Amount stated in the final contract shall not include Washington State Sales Tax.

**PROJECT DURATION:**

The Proposer shall assume a Preliminary Contract Award date of August 6, 2019 and a Substantial Completion date for the Project of December 15, 2020.

**CONTRACT AND BONDS:**

If selected based on this solicitation process, the undersigned agrees to execute the contract(s) for the work, and to

**PROPOSER INFORMATION FORM:**

Proposer's Business Name:			
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State of Inc.: _____)              Other			
Physical Business Address (cannot be a P.O. Box):	City:	State:	Zip:
Business Telephone Number:	Business Fax Number:	Business E-mail Address:	
State of Washington numbers for the following			
Contractor Registration Number:	UBI Number:	Employment Security Dept. Number:	
The following RFP Addenda are hereby acknowledged No. _____ No. _____ No. _____ No. _____ No. _____ No. _____ No. _____ No. _____			

**REPRESENTATIVE AUTHORIZED TO SIGN FOR PROPOSER:**

"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct."	
Signature:	Date:
Print Name and Title:	Location or Place Executed (City, State):