

DEPARTMENT OF FINANCIAL SERVICES
DFS SFM RFP 1718-12

REVISED ATTACHMENT D

Price Response Form

Summary of Initial Analysis	Proposed Final Report	Final Report	Required Pricing for Potential Claim Review*
\$ _____.	\$ _____.	\$ _____.	\$ _____.
TOTAL CONTRACT PRICE: \$ _____.			

***First District Court of Appeal Case Number 1D17-1086.**

The prices specified above will be the maximum compensation paid to the Contractor. No other costs incurred by the Contractor will be reimbursed by the Department.

I certify that this Response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies or equipment, or services and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this Response and certify that I am authorized to sign this Response for the Respondent and that the Respondent is in compliance with all requirements of the SOW, including but not limited to, certification requirements.

RESPONDENT NAME: _____
(Company)

RESPONDENT ADDRESS: _____
(City/State/Zip) _____

RESPONDENT PHONE: _____

RESPONDENT E-MAIL CONTACT: _____

AUTHORIZED REPRESENTATIVE (Printed): _____

AUTHORIZED SIGNATURE: _____

DATE: _____