**OFFICIAL BID PRICE SHEET**

**Do not amend or alter any item(s) on the Official Bid Price Sheet**

|  |  |
| --- | --- |
| **SERVICE** | **PROPOSED DAILY RATE** |
| Specialized Developmental Disability Emergency Program |  $ |

 **AUTHORIZATION SIGNATURE**

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

|  |  |
| --- | --- |
| Vendor Name: | Date: |
| Signature: | Title: |
| Printed Name: |