

**ARCHITECTURE DESIGN SERVICES FEE
PROPOSAL FORM**

Name of Design Firm: _____

Address: _____

Contact: _____

Telephone: _____

E-mail: _____

Please state the fees for this project below:

FEE FOR ALL PHASES OF PROJECT

- Conceptual/Schematic Design \$ _____
- Design Development/Construction Documentation \$ _____
- Permitting/ Construction Administration \$ _____

TOTAL: \$ _____

The undersigned attests that the information contained within the proposal is accurate to the best of his/her knowledge, and that the DF he/she represents. If selected, agrees to incorporate the requirement of this RFP in the final contract.

Signature of Person Authorized to Submit Proposal: _____

Typed Name of Signature Above: _____