

FORM OF PROPOSAL

HUD-5369-C (dated 8/93 for non-construction contracts only)

LIQUIDATED DAMAGES

Liquidated damages of one hundred (\$100.00) dollars per calendar day will be assessed against the Firm for failure to comply with the schedule as set forth in the contract documents. Any increases in the Scope of Work authorized by The Cumberland Housing Group or conditions encountered beyond the Firm's control will be given due consideration in the event that Liquidated Damages become an issue.

PROPOSER'S STATEMENT

Through the signature below, the firm does hereby attest that it has fully read the instructions, conditions and general provisions and understands them. The firm further certifies that the firm is not debarred, suspended or otherwise prohibited from professional practice by any federal, state or local agency. The undersigned proposer 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 his/her knowledge, true and accurate, and that if the Agency discovers that any information entered herein to be false, such shall entitle The Cumberland Housing Group to not consider or make award or to cancel any award with the undersigned party. Further, by completing and submitting the proposal submittal, and by entering and submitting the costs where provided, the undersigned proposer is thereby agreeing to abide by all terms and conditions pertaining to this RFQ as issued by The Cumberland Housing Group, either in hard copy or on the noted Internet website, including an agreement to execute the attached Sample Contract form.

By signing here, the firm does hereby attest that it has fully read the instructions, conditions and general provisions and understands them. The firm further certifies that the firm is not debarred, suspended or otherwise prohibited from professional practice by any federal, state or local agency.

Firm Name: _____

Authorized Signature: _____

Name & Title Printed: _____

Telephone No.: _____ Date: _____

EXCEPTIONS (If no exceptions are taken, state NONE): _____