The Cumberland Housing Group

Cumberland Housing Alliance, Inc.
Housing Authority of the City of Cumberland

PROPOSAL FORM

For: **Audit Services**
To: The Cumberland Housing Group

The Firm of: _____

Hereby agrees to provide the requested services as defined in the proposal, attachments thereto, at the following lump sum contract price (Amount shall be shown in both words and figures. In case of discrepancy, the amount shown in words will govern):

LUMP SUM AMOUNT _____.
(Written)

DOLLARS ($_____) *(Figures)*

The Proposal Cost for Fiscal Year 2027 is itemized as follows:

Central Office Cost Center	$_____	*(Figures)*
Jane Frazier Village (125 units)	$_____	*(Figures)*
River Bend Court, LP PBRA (77 units)	$_____	*(Figures)*
J.F.K. Apartments PH/PBRA (100 units)	$_____	*(Figures)*
Queen City Tower (95 units)	$_____	*(Figures)*
Banneker Gardens (25 units)	$_____	*(Figures)*
Willow Valley, Grandview (69 units)	$_____	*(Figures)*
1034 Frederick St. (one unit) **3/31/2027 year only**	$_____	*(Figures)*
Congregate Services Program	$_____	*(Figures)*
Cumberland Housing Alliance, Inc.	$_____	*(Figures)*

If this contract is extended for one-year terms each, the lump sum cost will be:

FYE 3/31/2028 Lump Sum Proposal $_____.
(Figures)

FYE 3/31/2029 Lump Sum Proposal $_____.
(Figures)

CONDITIONS OF THE PROPOSAL: It shall be understood that by submission of this proposal, the Firm agrees to all of the conditions of the Request For Proposals (RFP) dated October 20, 2026.

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 RFP. 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.

FIRM REPRESENTATIVE MUST SIGN BELOW:

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):_____