

THE UNDERSIGNED PROPOSER HEREBY AGREES TO BE BOUND BY THE AWARD OF THE CONTRACT, AND IF AWARDED THE CONTRACT ON THIS PROPOSAL, TO EXECUTE WITHIN 10 DAYS AFTER NOTICE OF AWARD, THE REQUIRED CONTRACT AGREEMENT AND THE REQUIRED BONDS, OF WHICH CONTRACT THIS PROPOSAL AND THE SPECIFICATIONS, AS ABOVE INDICATED SHALL BE A PART.

NOTE: All prices must be written in ink, or typed, in both words and figures for the entire proposal. See "Submission of Bids".

ANNUAL SUBSCRIPTION PLAN FEE PROPOSAL

ALTERNATE A – WEEK DAY

Up to Three (3) Year Subscription Plan Fee, in Both Words and Figures, for **WEEK DAY** Emergency Medical Services. One year initial term with two (2) Township optional 1-Year Extensions.

Year 1 \$ _____

Year 2 (Option) \$ _____

Year 3 (Option) \$ _____

Total Amount of Three (3) Year Fee _____

Up to Five (5) Year Subscription Plan Fee, in Both Words and Figures, for **WEEK DAY** Emergency Medical Services. Three year initial term with two (2) Township optional 1-Year extensions.

Year 1 \$ _____

Year 2 \$ _____

Year 3 \$ _____

Year 4 (Option) \$ _____

Year 5 (Option) \$ _____

Total Amount of Five (5) Year Fee _____

ALTERNATE B - FULLTIME 24/7

Up to Three (3) Year Subscription Plan Fee, Both Words and Figures, for **FULLTIME 24/7** Emergency Medical Services. One year initial term with two (2) Township optional 1-year extension.

Year 1 \$ _____

Year 2 (Option) \$ _____

Year 3 (Option) \$ _____

Total Amount of Three (3) Year Fee _____

Up to Five (5) Year Subscription Plan Fee, Both Words and Figures, for **FULLTIME 24/7** Emergency Medical Services. Three year initial term with two (2) Township optional 1-year extensions.

Year 1 \$ _____

Year 2 \$ _____

Year 3 \$ _____

Year 4 (Option) \$ _____

Year 5 (Option) \$ _____

Total Amount of Five (5) Year Fee _____

Note - This proposal form is to be modified by the Township as appropriate for each contract, to be consistent with the specifications.

Name of Proposer: _____

Proposer's Signature (Seal) _____

Title: _____

Date: _____

Business Address: _____

Telephone No. _____

Fax No. _____

Witness: _____

Witness Signature: _____