

ATTACHMENT 1

REVISED PROPOSAL FORM

This Proposal Form must be duly executed and submitted with any proposal to OUHSD.

The Offeror hereby agrees that its proposal is subject to all **RFQ-P #730 Licensed Nursing Services** provisions, terms and conditions, attachments, exhibits, amendments and other applicable materials which are attached or incorporated by reference. Proposer hereby agrees to promptly enter into an agreement in substantial accordance with such RFQ-P provisions, terms and conditions.

The Offeror hereby agrees that its attached proposal of which this is part, is a firm irrevocable offer and valid for acceptance by OUHSD for the period through and including 6/30/2027. The Offeror hereby agrees that if its proposal is accepted by OUHSD that it shall provide the requested services in accordance with the RFP, as it may be amended. The term of this contract shall be for a period of one (1) year. Services requested must be completed within this term. Service fees must not exceed the hourly rates submitted from Section E Fee Proposal.

Proposer hereby acknowledges it has received, and that it fully considered when preparing this response and determining the proposed rates, each of the following Addenda to the RFQ-P Documents (check all that apply; note, this RFQ-P may be rejected as non-responsive if the Respondent checks any addendum that the District did not actually issue, or fails to check any addendum that the District did issue):

☐ Addendum No. 1 ☐ Addendum No. 2 ☐ Addendum No. 3 ☐ Addendum No. 4
☐ Addendum No. 5 ☐ Addendum No. 6 ☐ Addendum No. 7 ☐ Addendum No. 8

Name of Person Duly Authorized to Execute this Proposal/Offer:

Duly Authorized Signature: _____

Title: _____ Date: _____

Offeror Name: _____

Offeror Address: _____

Offeror Telephone: _____

Offeror Email: _____