



# Bid Submission Form

**RFB Number:**

**Project Description: Hotel/Motel Room Lease**

**Department: Health and Human Services Agency, Social Services Division**

**Submitted to:**

**Closing Date:**

The County of Siskiyou reserves the right to accept or reject any and all proposals in the County's best interest.

This proposal, in response to RFB Number \_\_\_\_\_, is submitted on this date: \_\_\_\_\_ by the below named firm/individual by the undersigned authorized representative.

## Company Information

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ License Number: \_\_\_\_\_

The Undersigned declares that they have read and thoroughly understand the Request for Bids (RFB) and all attached documents. The undersigned hereby agrees if this bid is accepted by the County to furnish all equipment and services required to complete said work and to accept as payment \_\_\_\_\_ per room per month for the duration of this lease.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please submit all bid and pricing information as attachments to this form.***

**Attachment: A**