

**PRICE FACTOR FORM**

TO: University of Washington Facilities  
Project Delivery Group  
Seattle, Washington 98195

The undersigned submits the following Price Factor Proposal.

**PRICE FACTOR PROPOSAL:**

Where indicated in the box below, and only for work to be performed under the Standard Form of Agreement Between Owner and Design-Builder - Cost Plus Fee with a Guaranteed Maximum Price, Proposer shall provide a fee stated as a percentage that represents the profit to be paid to Proposer. The fee shall be applied to all Direct Costs incurred in the performance of the Work under the Contract.

Pursuant to and in compliance with the Request for Proposals, the undersigned certifies, having carefully examined the Contract Documents, and conditions affecting the Work, that the following Proposal Amount shall constitute full compensation for Design-Builder's profit to be paid on all Direct Costs incurred in the performance of the Work under the Contract:

Description of Proposal Item:	Proposal Amount (stated as a percentage):
Design-Builder's Fee:	_____ %

**SALES TAX:**

The Proposal Amount stated above does not include Washington State Sales Tax.

**PROJECT DURATION:**

For purposes of providing the Proposal Amount stated above, Proposer shall assume a Preliminary Contract Award date of April 2021 and a Substantial Completion date for the Project of December 2022.

**CONTRACT AND BONDS:**

If selected based on this solicitation process, the undersigned agrees to execute the Contract, and to furnish bonds and evidence of insurance, as required by the Contract Documents.

\_\_\_\_\_  
Initials of Proposer's Representative

**PROPOSER INFORMATION FORM:**

Proposer's Business Name:			
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State of Incorporation:____) <input type="checkbox"/> Other			
Physical Business Address (Must not be a P.O. Box):	City:	State:	Zip Code:
Business Telephone Number:	Business Fax Number:	Business E-mail Address:	
State of Washington numbers for the following:			
Contractor Registration No.:	UBI No.:	Employment Security Dept. No.:	
The following RFP Addenda are hereby acknowledged: No. _____ No. _____ No. _____ No. _____ No. _____ No. _____ No. _____ No. _____			

**REPRESENTATIVE AUTHORIZED TO SIGN FOR PROPOSER:**

"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct":	
Signature:	Date:
Print Name and Title	Location or Place Executed: (City, State)

**END OF SECTION**

\_\_\_\_\_  
**Initials of Proposer's Representative**