**\*REVISED\* SECTION 6**

**PRICING AND DELIVERY SCHEDULE**

**Proposal of:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Proposer Company Name)

**To:** The University of Texas Health Science Center at Houston

**Ref.:** Landscape Maintenance Services

**RFP No.:**  744-R1603 Landscape Maintenance Services

Ladies and Gentlemen:

Having carefully examined all the specifications and requirements of this RFP and any attachments thereto, the undersigned proposes to furnish the landscape maintenance services required pursuant to the above-referenced Request for Proposal upon the terms quoted below.

**6.1 Pricing for Services Offered**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility** | **Monthly Landscape Maintenance Services Cost** | **Monthly Irrigation System Inspection (only 9 months during year)** | **Mulching Cost (optional additional month)** |
|   |   |   |   |
| Biomedical & Behavioral Sciences Building (BBS) | $  | $  | $  |
|  |  |  |  |
| Cyclotrone Building (CYF) | $  | $  | $  |
|  |  |  |  |
| School of Dentistry (SOD) | $  | $  | $  |
|  |  |  |  |
| Harris County Psychiatric Center (HCPC) | $  | $  | $  |
|  |  |  |  |
| Institute of Molecular Medicine (IMM) | $  | $  | $  |
|  |  |  |  |
| Medical School Building (MSB) | $  | $  | $  |
|  |  |  |  |
| Medical School Expansion Building (MSE) | $  | $  | $  |
|  |  |  |  |
| Operations Center Building (OCB) *Excludes vacant lot* | $  | $  | $  |
|  |  |  |  |
| School of Health Public Health (SPH) | $  | $  | $  |
|  |  |  |  |
| School of Nursing (SON) *Includes 8th Floor Balcony Planter Beds + Potted Plants + Irrigation* | $  | $  | $  |
|  |  |  |  |
| University Center Tower (UCT) | $  | $  | $  |

|  |  |  |  |
| --- | --- | --- | --- |
| Recreation Center (REC)  | $  | $  | $  |
|  |  |  |  |
| Student / Faculty Housing (SFA) | $  | $  | $  |
|  |  |  |  |
| University Professional Building (UPB) | $  | $  | $  |

|  |  |  |  |
| --- | --- | --- | --- |
| University Professional Garage (UPG) | $  | $  | $  |
|  |  |  |  |
| Cooley Life Center (CLC) | $  | $  | $  |

|  |  |  |  |
| --- | --- | --- | --- |
| Childrens Development Center (CDC) | $  | $  | $  |

|  |  |  |  |
| --- | --- | --- | --- |
| Vacant Lot (west of OCB)Cost per Tractor Mow w/ Trash Pick-up/Removal | $  | $ N/A | $ N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| Research Complex Parking Lot (RPC) | $  | $ N/A | $ N/A |

**Optional Services**

General Maintenance Out of Contract $ \_\_\_\_\_\_\_\_\_\_\_\_\_ per man hour

Irrigation repair $ \_\_\_\_\_\_\_\_\_\_\_\_\_ per man hour

Enhancement and plantings $ \_\_\_\_\_\_\_\_\_\_\_\_\_ per man hour

**6.2 Delivery Schedule of Events and Time Periods**

 Number of Calendar Days to commence services is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days

**6.3 University’s Payment Terms**

University’s standard payment terms for services are “Net 30 days.” Indicate below the prompt payment discount that Proposer will provide to University:

Prompt Payment Discount: \_\_\_\_\_%\_\_\_\_\_days/net 30 days.

 Respectfully submitted,

 **Proposer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Authorized Signature for Proposer)

**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_