

**PROPOSAL FORM**

**SIDEWALK AND CROSSING GUARD SNOW REMOVAL AND ICE CONTROL SERVICES**

**CIT OF WEST DES MOINES  
DEPARTMENT OF PUBLIC SERVICES**

The undersigned agrees to furnish personnel, equipment, and applicable deicing product as described in the preceding Specifications in accordance with the terms of this Proposal (including maps) and Contract at the pricing entered below. A Proposal may be rejected if any alteration or erasure is made in entering the pricing. Pricing must be entered in ink or be typewritten.

Snowfall amounts will be based on information obtained from the National Weather – Cedar Rapids Airport location and City staff measurements in various areas of the City. After the event, the Contractor and City staff will analyze the information on snowfall totals for the purpose of pay calculations. The City however will have the sole responsibility of approving the final calculation.

<b>Proposal Item</b>		<b>Cost Per Event</b>	
<b>Sidewalks</b>			
Flat Rate up to 3" Snowfall		\$	Per Event
Flat Rate 3.1" to 6" Snowfall		\$	Per Event
Flat Rate 6.1" to 9" Snowfall		\$	Per Event
Flat Rate 9.1" to 12" Snowfall		\$	Per Event
12.1+ Snowfall		See Hourly Rate Chart Below	

**ATTACHMENT A**

**EXPERIENCE / REFERENCE SUMMARY**

**SIDEWALK AND CROSSING GUARD SNOW REMOVAL AND ICE CONTROL SERVICES**

**CITY OF WEST BRANCH**  
**DEPARTMENT OF PUBLIC SERVICES**

List references for projects of similar scope that the Contractor has successfully completed within the past 24 months.

Contract & Location	Owner Name/ Address/Phone	Contract Date	Contract Dollar Value

\_\_\_\_\_ Number of years the Contractor has provided services similar to the scope of this Request for Proposal under the current ownership and company name.



**ATTACHMENT C**  
**CONTACTS FOR CONTRACTOR**  
**(Minimum of 2 Required)**  
**SIDEWALK AND SNOW REMOVAL AND ICE NUISANCE CONTROL**  
**SERVICES**  
**CITY OF WEST BRANCH**

<b>Full Legal Name (Print):</b>	_____
<b>Emergency After-Hours Telephone:</b>	_____
<b>Email Address:</b>	_____
<b>Full Legal Name (Print):</b>	_____
<b>Emergency After-Hours Telephone:</b>	_____
<b>Email Address:</b>	_____

\_\_\_\_\_  
**Authorized Signature**

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