Otago Regional Council Request for Proposal – Survey of the Kakanui and Kauru Rivers

**Proposal Form – Form B – PRICE**

Note: where space provided is insufficient attach additional pages providing full responses.

**1** I/We the undersigned submit the following information for the Proposal: Survey of the Kakanui and Kauru Rivers in accordance with this RFP, Council’s Specification and Conditions of Contract.

**2** Name of Submitter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3** Address for correspondence:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Schedule of Prices – **Option 1 for 17 cross-sections**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity 1** |  |  | **No of Hours** | **Hourly Rate $/h** | **Total Cost** |
| **1.0** |  |  |  |  |  |
|  | Name of Person | Activity Description |  |  |  |
|  | Name of Person | Activity Description |  |  |  |
|  | Disbursements | List each disbursement activity |  |  |  |

|  |  |
| --- | --- |
| **Lump sum rate for communicating with land holders** |  |
| **Lump sum rate for Mycoplasma bovis cleaning** |  |
| **Total excluding GST** |  |
| **GST** |  |
| **Total including GST** |  |

1. Schedule of Prices – **Option 2 for 34 cross-sections**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity 1** |  |  | **No of Hours** | **Hourly Rate $/h** | **Total Cost** |
| **1.0** |  |  |  |  |  |
|  | Name of Person | Activity Description |  |  |  |
|  | Name of Person | Activity Description |  |  |  |
|  | Disbursements | List each disbursement activity |  |  |  |

|  |  |
| --- | --- |
| **Lump sum rate for communicating with land holders** |  |
| **Lump sum rate for Mycoplasma bovis cleaning** |  |
| **Total excluding GST** |  |
| **GST** |  |
| **Total including GST** |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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