

Subject: ***Request for Proposal***

Project: **Milwaukee County SRCCY – Preliminary Facility Design and Feasibility Study**

Project No.: **WS12401**

ATTACHMENT 2

CONSULTANT PROPOSAL FORM

Subject: **Request for Proposal**
Project: **Milwaukee County SRCCY – Preliminary Facility Design and Feasibility Study**
Project No.: **WS12401**

MILWAUKEE COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES
ARCHITECTURE AND ENGINEERING DIVISION

CONSULTANT PROPOSAL

I. BASIC SERVICES (Include services of all needed subconsultants)

ACTUAL COST – “NOT TO EXCEED” FEE:

\$ _____
(_____)

II. REIMBURSABLE EXPENSES

ACTUAL COST:

\$ _____
(_____)

III. PRINCIPAL IN CHARGE

Name of Principal _____

Architect or Engineer's Registration No. in Wisconsin _____

Other Registration No. in Wisconsin _____

Flat hourly rate for principal _____

This project has a Targeted Business Enterprise (TBE) participation goal of 17%.

Firm Name

Authorized Signature

Title

Date