

PROPOSAL FORM

Company Name _____
Address _____

Contact _____

Telephone _____

Email _____

Base Rate (8-Hr. session, up to 30 trainees) \$ _____
Includes all fees, expenses and course materials

Additional trainees (per person) \$ _____

If funding permits, the Twp. reserves the right to extend the above pricing thru 2018.

The successful responder will need to furnish a copy of their New Jersey Business Registration Certificate prior to award, as required by NJSA 52:32-44 (P.L. 2004, c. 57).

Send hard copy or email to below, no later than: **4PM, April 14, 2017**

Please reference or subject "Haz-Mat RFP"

Township of Neptune
25 Neptune Boulevard
Neptune, NJ 07754-1125

Edward Hudson, Purchasing Agent
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Fax: 732-988-6075
ehudson@neptunetownship.org