# Attachment B

# Price Proposal Form

Name of Proposing Organization:

|  |  |
| --- | --- |
| **TRAINING (Firm Fixed Cost As Described)** | **Firm Fixed Price**  |
| **10 and 30 Hour Federal OHSA Training for Construction****Course develop****Per Attendee** | $     $      |
| **10 and 30 Hour Federal OHSA Training for General Industry****Course develop****Per Attendee** | $     $      |
| **CPR/First Aid****Course develop****Per Attendee** | $     $      |
| **Training on Federal and CAL OHSA Specific Topics\*:** **Respiratory Protection****Course development****Per Attendee****Aerial Platforms****Course development****Per Attendee****Personal Protective Equipment****Course development****Per Attendee****Fall Protection****Course development****Per Attendee****Hazard Communication****Course development****Per Attendee**Lock Out/Tag Out**Course development****Per Attendee** | $     $     $     $     $     $     $     $     $     $     $     $      |

\*Provide pricing for each topic item.

|  |  |
| --- | --- |
| **ALL WORK EXCLUSIVE OF TRAINING** |  |
| Job Title/Classification | Employee/Sub Contractor\*\* | Hourly Rate |
|  |  | $     /hr. |
|  |  | $     /hr. |
|  |  | $     /hr. |
|  |  | $     /hr. |
|  |  | $     /hr. |
|  |  | $     /hr. |
|  |  | $     /hr. |
|  |  | $     /hr. |
|  |  | $     /hr. |
|  |  | $     /hr. |
|  |  | $     /hr. |
|  |  | $     /hr. |
|  |  | $     /hr. |
|  |  | $     /hr. |

\*\*Provide both Job Title/Classification and indicate “Employee” or if using a sub contractor, indicate “subcontractor organization name.”

End of Attachment