

ATTACHMENT D  
PRICE PROPOSAL FORM

ADA PARATRANSIT ELIGIBILITY MEDICAL  
CONSULTING SERVICES  
RFP 2025-11081

We, the undersigned, propose to provide ADA Paratransit Medical Consultation Services to Spokane Transit Authority in accordance with the Scope of Work and the contractual requirements contained herein at the following prices:

<b><u>DESCRIPTION OF WORK</u></b>	<b><u>PROPOSED COST</u></b>		
Contract Year	Year 1	Year 2	Year 3
Medical Consultation Fee (\$/Hour)	_____	_____	_____
Travel Fee (\$/Hour)	_____	_____	_____
Home Evaluation (\$/Evaluation) *	_____	_____	_____
No Show for Evaluation (\$/No Show) *	_____	_____	_____

\*Travel fees + mileage reimbursement apply

Miscellaneous      Postage:      Current USPS Rates  
                                 Mileage:      Current Federal Rate @ time of service

Company Name of Proposer: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Washington UBI#: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

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