

EXHIBIT II REQUEST FOR PROPOSAL FERMI RESEARCH ALLIANCE, LLC		REFERENCE	
		REQUEST FOR PROPOSAL NO. APS-339059-GMG	
		DATE	March 8, 2023
TO: Fermi Research Alliance, LLC P. O. Box 500 – Mail Station 210 Batavia, Illinois 60510-0500			
		(Date of Offer)	
Please enter your total firm fixed price in words and numbers: <div style="text-align: right;">(Dollars) (\$) Firm Fixed Price</div>			
TERM OF PAYMENT: _____ (Net 30 Days unless otherwise specified)			
This Offer may be accepted for a period of Ninety (90) calendar days after the opening date unless the offeror specifies a longer acceptance period than FRA's minimum requirement. The REPRESENTATIONS, CERTIFICATIONS & ACKNOWLEDGEMENTS (SARC) is made a part of this subcontract.			
ENCLOSED IS BID GUARANTEE, CONSISTING OF:		IN THE AMOUNT OF	
NAME OF BIDDER (Type or Print)		FULL NAME OF ALL PARTNERS (Type or Print)	
BUSINESS ADDRESS (Type or Print) Include Zip Code			
EMPLOYER I.D. NO.			
BY (Signature in ink)(Print or Type Name)			
TITLE (Print or Type)			
REQUEST FOR PROPOSAL NO:		APS-339057-GMG	
TITLE OF PROJECT:		REPLACE HVAC UNITS IB409 & IB410 - IB2	
DUE DATE AND TIME:		March 31, 2023, 3:00 PM CT	
SUBMITTAL LOCATION:		Time Submit to: GGOMEZ@FNAL.GOV	

THE OFFEROR SHALL SUBMIT THIS COMPLETED FORM WITH THEIR WRITTEN PROPOSAL

EXHIBIT II
PRICING PROPOSAL
for the
REPLACE HVAC UNITS IB409 & IB410 - IB2

The Subcontractor's compensation for services rendered shall be based on a fixed firm price for the work detailed in the scope of work to **REPLACE HVAC UNITS IB409 & IB410 - IB2**, located at Fermilab, in Batavia, IL. To provide the labor, materials, equipment, PPE and supervision to replace HVAC units IB409 & IB410 with ones of like kind with the same capacity, that is ASRAE 90.1 compliant, uses R-410A refrigerant and controls shall be compatible with BACNET/IP to communicate with Fermilab's Central Building Automation System (BAS). Please reference the scope of work, that is included in the RFP for specific details

FRA intends to award to the lowest priced, technically acceptable offerer.

Please provide pricing for: Firm Fixed Price

UNIT AND LOC	Model and Serial #	\$
HVAC UNIT - IB409		\$
HVAC UNIT - IB410		\$
INSTALLATION		\$
Total Proposal		\$

All offering entities are directed to enter pricing for the lump sum, fixed price proposed for the entire specified project on the "Total Proposal" Price line above.

NAME & ADDRESS OF PROPOSER (type or print)

Firm: (Print or Type)

TELEPHONE NO. _____

By: _____
(Signature in Ink) (Print or Type)

Date: (Print or Type)

By: _____
(Print or Type)