

ATTACHMENT 1

**DRAFT PRICE SHEET
INDEPENDENT VERIFICATION OF THE PSYCHOMETRIC VALIDITY FOR
THE FLORIDA STANDARDS ASSESSMENT**

We propose to provide the services specified in the Request for Offers. All work shall be performed in accordance with this Request, which has been reviewed and understood. The below price is all inclusive. There shall be no additional costs charged for work performed under Request.

DESCRIPTION	TOTAL COST
Independent verification of the psychometric validity for the Florida Standards Assessment	\$ _____ *

*AWARD MADE BASED ON THIS PRICE

SIGN BELOW. UNSIGNED OFFERS WILL NOT BE CONSIDERED.

VENDOR NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

AUTHORIZED AGENT (typed): _____

AUTHORIZED AGENT (manual): _____

DATE: _____ **TELEPHONE:** _____ **FAX:** _____

E-MAIL ADDRESS: _____

DRAFT

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