

ISBE Proposal – List of ISBEs Page

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| Offeror's Name: | DESAUTEL LAW |
|------------------------|--------------|

Please see Sections 1.5, 1.6, 1.7, 3.6, 3.7, and 3.8 of the RFP for additional information.

| | | |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Is the offeror a State certified ISBE (MBE, WBE or Disability Business Enterprise): | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| | If YES, provide the total dollar amount representing work that will be done by the offeror: <div style="text-align: right; margin-right: 50px;">\$ <u>2,450/month</u></div> | |

| Identification of ISBE Subcontractors (Please add rows as necessary) | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------|
| ISBE Subcontractor's Name | ISBE Mailing Address, Email Address, and Phone Number | The total dollar amount representing work that will be done by the ISBE Subcontractor |
| | | \$ _____ |
| | | \$ _____ |
| | | \$ _____ |

ISBE Proposal – Participation Rate and Signature Page

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|-----------------|--------------|
| Offeror's Name: | DESAUTEL LAW |
|-----------------|--------------|

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|------------------------------------------------------------------------------|-----------------------|
| A. Total amount of dollars representing work that will be done by the ISBEs: | \$ <u>2,450/month</u> |
| B. All-Inclusive Price Listed in the Cost Proposal: | \$ <u>2,450/month</u> |
| ISBE Participation Rate (=A/B): | <u>100</u> % |



Signature of Authorized Person

8/20/20

Date

Marisa Desautel, Managing Attorney

Printed Name, Title