Exhibit “B”

El Dorado County Fire Safe Council

Defensible Space Contractor Proposal Format

1. Contractor Business Name:

2. Contractor Business Address:

3. Contractor Business Phone:

4. Contractor E-mail:

5. Contractor Contact Person:

6. Contractor Tax ID (EIN) Number:

7. Contractor License Number:

8. Business License Number:

9. Insurance Provider, Policy Number and Coverage:

10. Contractor Equipment Available for this Project:

 a. Number and Types of Equipment:

 b. Number of Two Person Crews:

11. Relevant Experience:

12: References:

13. ALL Inclusive Bid Rate per hour ON the jobsite, meaning time does not start until you have arrived at the property address. This rate includes labor, overhead, equipment and fuel. It also includes travel time to and from the job site. All submitted bids are final.

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Acknowledgement that the Contractor will be paid monthly for work accomplished in the previous month.

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date