

OFFICIAL OUTSIDE LEGAL COUNSEL REQUEST FOR QUALIFICATIONS PRICE SHEET

The undersigned agrees to provide the Arkansas Lottery Commission with Outside Legal Services in accordance with the Request for Qualifications, and any amendments or addendums thereto for proposal no. ALC-RFQ-110002.

Proposer is required to provide the ALC a monthly retainer fee (if required) and an hourly fee for the outside legal counsel services proposed in the RFQ in the appropriate space below.

DESCRIPTION	COST (Written in Words and Number)
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Total monthly retainer fee (if none required place N/A in the blank) \$ _____

Hourly fee(s) for the services described in the RFQ including the names of those attorneys providing services

Name: _____	Hourly fee: \$ _____
Name: _____	Hourly fee: \$ _____
Name: _____	Hourly fee: \$ _____
Name: _____	Hourly fee: \$ _____
Name: _____	Hourly fee: \$ _____

1. BY SUBMISSION OF A PROPOSAL, THE PROPOSER CERTIFIES:

- 1.1** Prices in this proposal have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition.
- 1.2** No attempt has been made nor will be by the proposer to induce any other person or firm to submit a proposal for the purpose of restricting competition.
- 1.3** The person signing this proposal certifies that he/she is authorized to represent the company and is legally responsible for the decision as to the price and supporting documentation provided as a result of this advertisement.
- 1.4** Proposer will comply with all Federal regulations, policies, guidelines, and requirements.

1.5 Prices in this proposal have not been knowingly disclosed by the proposer and will not be prior to award to any other proposer.

2. GENERAL INFORMATION:

Proposer Name _____ Phone () _____

Fax () _____

Mailing Address _____

City _____ State _____ Zip _____

SSN/Employer Identification Number _____

3. OWNERSHIP AND CONTROL:

Proposers Legal Structure:

_____ Sole Proprietorship _____ General Partnership

_____ Corporation _____ Limited Partnership

_____ Limited Liability _____ Other _____

If Proposer is a sole proprietorship, list:

Owner Name _____ Phone () _____

Mailing Address _____

City _____ State _____ Zip _____

SSN/Employer Identification Number _____

Beginning date as owner of sole proprietorship _____

Provide the names of all individuals authorized to sign for the Proposer:

NAME (printed or typed)

TITLE

VERIFICATION

I certify under penalty of perjury, that I am a responsible official (as identified above) for the business entity described above as Proposer, that I have personally examined and am familiar with the information submitted in this disclosure and all attachments, and that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including criminal sanctions, which can lead to imposition of a fine and/or imprisonment.

(Signature)

(Name and Title) (Typed or Printed)

(Date)