

PROPOSAL PRICING FORM

Section I: Contact Information

Please complete the contact information below.

BID NUMBER:	25-112-CS
COMPANY NAME:	C4 Innovations, LLC
CONTACT PERSON:	Rachel Ehly
CONTACT EMAIL:	rehly@c4innovates.com

Section II: Pricing

F.O.B. Destination

NO.	ITEM	UOM	QTY	PRICE
1	Continuum of Care Coordinated Entry System Evaluation	LS	1	\$ \$53,800
GRAND TOTAL (In words)				

Section III: Certification

By signing below, the Bidder agrees to provide the required goods and/or services described in the Bid Specifications for the prices quoted on this Proposal Pricing Form.

Printed Name: Kristen Paquette_____ Signature:_____ Signature on File

Title: Chief Executive Officer_____ Date: October 1, 2025 _____