**Renewal 2017-2018**

*Based upon the Scope of Services please indicate your costs to perform the required services. Your proposal shall clearly state all of the costs associated with the service requested. No other costs post award will be accepted:*

| ***Driving Instruction:*** | ***FY17-18 Pricing*** |
|---|---|
| New Driver Instruction: | |
| Free Lunch | - |
| Reduced Lunch | _ |
| Full Priced | _ |
| | |
| Remedial Driver Instruction | |
| Free Lunch | - |
| Reduced Lunch | _ |
| Full Priced | - |

**Company Name:** Street Smarts LLC

**Street Address** 9914 Swanson Blvd. / P.O. Box 71658

**City / State/ Zip** Clive, IA 50325

**Contact Phone Number** 515-279-1112

**Contact Fax Number** —

**Contact Email Address** SSDEDM@GMAIL.COM

**Authorized Representative Signature** Daniel J. McElroy

**Representative Name (print)** Daniel J. McElroy

*THIS FORM AND EACH ADDITIONAL FORM OF PROPOSAL, IF ANY, MUST BE SIGNED. BY SIGNING THIS DOCUMENT THE PROVIDER UNDERSTANDS AND AGREES TO COMPLY WITH ALL PROVISIONS AND REQUIREMENTS AS DETAIL IN THIS REQUEST FOR RENEWAL, UNLESS NOTED. THEY AGREE TO PROVIDE ALL SERVICES AS DEFINED IN THE SCOPE OF SERVICES AND THE TERMS AND CONDITIONS AS SPECIFIED IN THIS DOCUMEN, AND THE ORIGINAL REQUEST FOR PROPOSAL DOCUMENT. PROVIDER AGREES TO COMPLY WITH ALL LOCAL, STATE AND FEDERAL LAWS. THE PROVIDER ASSURES TO THE BEST OF THEIR ABILIITY THAT ALL INFORMATION SUBMITTED IS ACCURATE AND WAS SUBMITTED WITHOUT COLLUSION WITH ANOTHER PARTY. BY SIGNING THIS RENEWAL THE SIGNATORY CERTIFIES LEGAL AUTHORITY TO BIND THE PROPOSING ENTITY TO THE PROVISIONS OF THIS PROPOSAL. BY SIGNING THIS DOCUMENT, THE PROVIDER DECLARES THERE ARE NO CONFLICTS OF INTEREST BETWEEN THE PROVIDER AND THE DISTRICT. FURTHERMORE THE PROVIDER CERTIFIES THAT NEITHER THEY NOR THEIR SUBPROVIDERS HAVE EVER BEEN DISBARRED BY ANY FEDERAL, STATE, OR LOCAL GOVERNMENTAL AGENCY.*