



Proposal & Estimate Form

GoodNaturedPlants.com | (650) 687-7379

Client Information

Name: _____

Business Name (if commercial): _____

Property Address:

Phone: _____ Email: _____

Project Type (check all that apply):

Residential Commercial

New Installation Maintenance Redesign

Project Description

Brief Overview:

Estimated Time Required

Estimated Duration: _____ Days / _____ Hours

Note: These estimates are based on initial assessments. Actual duration may vary due to unforeseen site conditions or scheduling factors.

Scope of Work & Itemized Estimate

1. **Site Consultation:** \$ _____
2. **Design Services:** \$ _____
3. **Installation**
 - Soil Preparation: \$ _____
 - Planting & Materials: \$ _____
 - Irrigation Setup: \$ _____
 - Landscape Lighting: \$ _____
4. **Maintenance Package Options (optional):**
 - Monthly: \$ _____
 - Seasonal: \$ _____
5. **Optional Upgrades:**
 - Raised Beds: \$ _____
 - Compost System: \$ _____
 - Trellising / Other: \$ _____

Subtotal: \$ _____

Sales Tax (CA): \$ _____

Total Estimate: \$ _____

Deposit Due Upon Acceptance: \$ _____ (Minimum 50% unless otherwise noted)

Terms & Conditions

- This proposal is valid for 90 days from the date issued.
- Any changes in material cost will be communicated and reflected in the final invoice.
- Scope, timeline, and pricing may be revised if project details change significantly.
- A detailed Service Agreement will be signed prior to installation.

Client Approval I agree to the scope of work and cost outlined above and authorize Good Natured Plants to proceed with the project as proposed