RFP Cover Sheet

The underlined fields will expand to accommodate the length of the responses. Please type in the boxes below the question.

1. **Basic information**
   Fill out the information below:

   Legal Name of Provider: _____
   Business Name (if different from above): _____
   Contact Person: _____ Title: _____

   Physical Address: _____
   Mailing Address (if different): _____
   City: _____ County: _____
   State: _____ Zip: _____

   Telephone number: _____ Fax number: _____
   Email of business: _____

   IRS Employer ID #: _____

2. **Legal status of provider**
   Select the appropriate boxes and provide the required information below:

   ☐ Private Non-Profit ☐ Public Non-Profit
   ☐ For-Profit ☐ Other, describe: _____

3. **Assurances and Required Activities**
   By submitting this proposal, the provider represents as follows:

   a. The provider has read, understands in full, and will follow the Scope of Work as outlined in the Request for Proposal.
      ☐ Yes ☐ No

   b. The provider agrees to and will sign the terms and conditions contract (Attachment E) as written if awarded a contract.

      ☐ Yes ☐ No
      _____