

**ATTACHMENT A
PROPOSAL COVER SHEET**

**Efficiency Maine Trust - RFP EM-013-2019
Request for Proposals for SUPPORT SERVICES FOR
NON-WIRES ALTERNATIVE (NWA) INITIATIVES
Due Date/Time: November 22, 2019 , 3 PM local time**

COVER SHEET

This form MUST be completed, signed and attached to the front of your proposal.

Primary Contact (Prime Contractor):	Title:	
Organization:	Phone:	
	Fax:	
Address:	Email:	
City:	State/Prov:	Zip:
Alternate Contact:	Title:	
Organization:	Phone:	
	Fax:	
Address:	Email:	
City:	State/Prov:	Zip:

AN INDIVIDUAL AUTHORIZED TO COMMIT THE PRIME CONTRACTOR MUST SIGN THIS FORM BELOW AND ANSWER THE FOLLOWING QUESTIONS:	YES	NO
Do you accept all of the terms and conditions in the Standard Agreement (Attachment B)? (If not, explain your exceptions on a separate page)		
Does this proposal include more than one organization? (If yes, complete the Team Commitment form (provided on next page))		
This offer is valid for 180 days		
AUTHORIZED SIGNATURE		
I, the undersigned, am authorized to commit my organization to this proposal.		
Signature:	Printed Name:	
Title:	Organization:	
Date:	Phone/email:	

**ATTACHMENT A
PROPOSAL COVER SHEET**

**Efficiency Maine Trust - RFP EM-013-2019
Request for Proposals for SUPPORT SERVICES FOR
NON-WIRES ALTERNATIVE (NWA) INITIATIVES
Due Date/Time: November 22, 2019 , 3 PM local time**

TEAM COMMITMENT

This form must be completed if the proposal includes more than one organization.

The following organizations are team members or sub-contractors participating in this proposal. The individuals signing below are authorized to commit their organizations to this proposal. By signing, each accepts all of the terms and conditions in the Standard Agreement (Attachment B) (if not, explain exceptions on a separate page), and states that this offer is valid for 180 days.

Please use additional forms if obtaining multiple signatures on a single page is difficult, or additional space is needed.

Organization:	
Authorized Signature:	Date:
Printed Name:	Title:

Organization:	
Authorized Signature:	Date:
Printed Name:	Title:

Organization:	
Authorized Signature:	Date:
Printed Name:	Title:

Organization:	
Authorized Signature:	Date:
Printed Name:	Title: