**COVER SHEET**

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

|  |  |
| --- | --- |
| **Primary Contact (Prime Contractor)/Name:** | **Title:** |
| Organization: | Phone: |
| Fax: |
| Address: | Email:  |
| City: | State/Prov: | Zip: |
| **Alternate Contact/Name:** | **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 NO, explain your exceptions on a separate page.*** |  |  |
| Does this proposal include more than one organization? ***If YES, please list organization(s):*** |  |  |
| 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:**  |