**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:** | | |