RFI COVER LETTER

Page 1

| RFI NAME | | |
|--|-----------------------------------|------------------------------------|
| RFI NUMBER | | |
| 1. Organization | | |
| Name of the Submitting Organization | ion: | |
| Mailing address: | | |
| Waning address. | | |
| City: | State: | Zip Code |
| | | |
| | | |
| 2. Person authorized by the organi award: | zation to contractually obligate | e on behalf of this grant/contract |
| Name: | | |
| TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER | | |
| Title: | | |
| E-Mail Address: | | |
| Telephone Number: | | |
| reteptione Number. | | |
| | | |
| 3. Person authorized by the organi | ization to negotiate the grant/co | ontract award: |
| Name: | 8 8 | |
| Title: | | |
| Title. | | |
| E-Mail Address: | | |
| Telephone Number: | | |
| 1 | | |
| | | |
| 4. Person authorized by the organi | zation to clarify, and respond t | to queries on behalf of this |
| grant/contract award: | | |
| Name: | | |
| Title: | | |
| E-Mail Address: | | |
| 12 Mail Madiess. | | |
| Telephone Number: | | |
| | | |

| 5. Use of Sub-Contractors (Select one)* |
|--|
| No sub-contractors will be used |
| The following sub-contractors will be used (describe purpose of sub-contracts): |
| |
| |
| |
| |
| |
| |
| |
| |
| Page 2 |
| Page 2 |
| 6. Please describe any relationship with other community, government, or business sectors (other than |
| Subcontractors listed in (4) above) that will support your efforts. |
| Subcontractors risted in (4) above) that will support your crioits. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| 7. On behalf of the submitting organization named, above, I accept the Terms and Conditions stated in |
| this RFI. I agree to comply with all requirements as described in this RFI, including all appendices, |
| attachments, written clarifications and amendments provided. |
| |
| If the designated county is unwilling to comply with any terms, conditions or other requirements of this |
| RFI the county shall clearly describe any deviations and include a complete explanation of why such |
| deviations are proposed. |
| |
| |
| |
| |
| Signature: Date: |
| |
| Authorized Signature (By the person identified in item #2, above.) |
| |
| |
| |

*Attach additional sheets of paper, as needed.