APPENDIX A

REQUESTS FOR PROPOSALS
RFP#2020-004
Financial Reconciliation Services

LETTER OF TRANSMITTAL FORM

The failure to complete all of the items in this form will result in the disqualification of the proposal.

1. Identity (Name) and Mailing Address of the submitting organization/proposed Contractor:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2: Identify the name, title, telephone and fax numbers, and e-mail address of the person authorized by the organization (s) to contractually obligate the organization (s).
Name: ________________________________________________________________
Title: __________________________________________________________________
Telephone Number: ________________________ Fax Number: _________________________
Email Address: ______________________________________________________________

3. For the person (s) to be contacted for clarifications:
Name: ______________________________________________________________________
Title: ______________________________________________________________________
Telephone Number: _______________________ Fax Number: _________________________
E-Mail Address: ______________________________________________________________

4. List Proposed Subcontractors: __________________________________________________

On behalf of the submitting organization named, I accept the conditions and general requirements governing the procurement (see Appendix B). I concur that submission of our proposal constitutes acceptance of the evaluation factors of this RFP. I agree that this proposal is binding and firm for a period of 120 days after the due date for receipt of proposals.

_________________________________________ Date: __________, 20__
Signature of Authorized Official (listed in #2 above)