

**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)