

## Proposal Cover Sheet Instructions

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Responding to RFP Number: Please indicate by RFP number, title and location, which RFP your organization is responding to. The RFP Title and Number can be found on the first page of the RFP document.

Total Cost: **(For NH DOC Use Only).**

Vendor: Organization name as it appears on the Certificate of Good Standing (Sec. of State Document)

Note: In order to obtain the Certificate of Good Standing, write directly to the Secretary of State, Corporate Division, State House Room 204, 107 North Main Street, Concord, NH 03301-4989. Requests must include the complete name of the company as it is registered with the Office of the Secretary of State and a check made payable to the *State of New Hampshire (call to inquire about fees)*. In the event that you need to expedite the request, you may fax the request to 603-271-3247 or go in person to request a copy and you will be billed (*call to inquire about fees*) for the expedited service. Include your mailing address, corresponding check number, and telephone and fax numbers. You will receive a fax of the Certificate in addition to a mailed copy.

Address: Address as identified on Alternate W-9 and actual location(s) of vendor business. Not a PO Box number.

Signature/Initials/Date: Person authorized to legally bind the vendor to the terms of this application and a Standard State Contract (P-37 - v. 01/09) must sign and initial this line.

Date: Date the document is signed.

Title: Title of the officer signing the contract.

Type or Print Name Signed Above: Typewritten name of the Officer granted authorization by the organization to enter into a binding agreement and responsible for the implementation of the service.

Contact Person: Name of a representative responsible to service this contract.

Telephone: Telephone number of the Contact Person.

E-mail: E-mail address of the Contact Person.

Fax: Number where a fax can reach the Contact Person.

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PROPOSAL FOR:

OFFER: The undersigned hereby proposes to furnish to the STATE OF NEW HAMPSHIRE, the services as described in the PROPOSAL in accordance with the specifications contained herein.

Responding to RFP Number: \_\_\_\_\_

TOTAL COST (From Exhibit B): \$ \_\_\_\_\_ **(For NH DOC Use Only)**

The signer of the Vendor below signifies the assent of the Vendor to all of the terms and conditions of this RFP unless exception is taken, in writing.

VENDOR: \_\_\_\_\_  
Name of Corporation or Respondent

ADDRESS: \_\_\_\_\_  
Street Address (No P.O. Box Numbers)

\_\_\_\_\_  
City or Town State Zip Code

\_\_\_\_\_  
Signature Initials Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name of Signatory

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Promoting Public Safety Through Integrity, Respect and Professionalism**

Initials \_\_\_\_\_

It is unlawful to make any alteration(s) to the text of this document,  
A signature on the Cover Sheet signifies that no alterations have been made to the original text or format.