**REQUEST FOR PROPOSALS**

**RFP # DOC-RHS-24-CC**

**Department of Correction**

**October 2023**

**VI. APPENDIX B.: Proposal Cover Sheet**

**Proposer:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | **(     )     -** |
| Legal Name | FEIN or Social Security Number | | Telephone Number |
|  |  | |  |
| Mailing Address | Town, State | | Zip Code |
| Yes  No  (*check one*) | Profit  Nonprofit  (*check one*) |  | |
| Incorporated | Type of Organization | Fiscal Year End | |

|  |
| --- |
| **$** |

Total Cost

**Contact Person** (*Individual who can provide additional information about the proposal or who has immediate responsibility for the proposal*)**:**

|  |  |  |
| --- | --- | --- |
|  |  | **(****)****-** |
| Name | Title | Telephone Number |
|  |  |  |
| Mailing Address | Town, State | Zip Code |
|  | |  |
| E-mail Address | | FAX Number |

**Authorized Official** (*Individual empowered to enter into and amend contractual instruments in the name and on behalf of the Contractor*)**:**

|  |  |  |
| --- | --- | --- |
|  |  | **(     )     -** |
| Name | Title | Telephone Number |
|  |  |  |
| Mailing Address | Town, State | Zip Code |
|  | |  |
| E-mail Address | | FAX Number |
|  | | |
| Signature | | |