

For SAMWA COG use only

Proposal # _____

By: _____

EXHIBIT B

PROPOSAL SIGNATURE SHEET

**REQUEST FOR PROPOSALS
ONE-STOP OPERATOR SERVICES MEDINA COUNTY
SFY 2022**

Name of Proposing Organization/Agency (Legal Name and dba)

Federal ID #

Address of Proposing Organization /Agency

City/Zip Code

Name of Proposal Preparer

Phone Number

Fax Number

Organization/Agency Website Address

Preparer's Email

Workers' Compensation and Unemployment Insurance Account #s

Total Amount of this Proposal Request: \$ _____

Assurances:

I hereby attest that I have reviewed this proposal, and I am in full agreement with its content and cost. I further attest that the cost and price information submitted is accurate and complete and is based on current available date. I further assure that I have the authority to commit the organization/agency to submit this proposal and will abide by all of the conditions an assurance implied or required herein. Should this proposal be accepted, this organization/agency is willing to comply with all provisions of this RFP and the SAMWA COG's general contract terms and conditions.

Signature of Authorized Chief Executive Officer of Organization/Agency

Name and Title (the original shall be signed in blue ink)

Printed Name and Title

Date

Phone Number

Email