

Attachment A COVER SHEET

LEGAL NAME OF RESPONDENT: _____

RESPONDENT DOES BUSINESS UNDER THIS NAME: _____

BUSINESS ADDRESS: _____

Phone: () _____ **Fax:** () _____

DUNS Number: _____ **Website:** _____

Name, title and contact information of person authorized to answer any questions about the proposal, negotiate the contract terms and contractually bind the respondent:

Name and Title: _____

Phone: () _____ **Fax:** () _____

Email: _____

I do hereby certify that this proposal is submitted in accordance with the provisions and conditions outlined RFP-CSBFV-2025-013, that this firm, acknowledges and accepts the terms and conditions of this RFP by tendering an offer to Brevard Workforce Development Board, Inc.; that all the information is complete and accurate, and that this proposal represents a firm and fixed offer to provide the requested services. This offer shall remain valid for a minimum of 90 days. I also certify that the fees in the proposal have been arrived at independently, without consultation, communication, or agreement with any other bidder or with any other competitor for the purpose of restricting competition, as to any matter relating to such fees; and no attempt has been made or will be made by the bidder to induce any other person or organization to submit or not submit a proposal for the purpose of limiting or restricting competition. I further certify that this organization can and will provide and make available, at a minimum, all services described in the proposal.

Signature of Authorized Representative

Date

Printed Name and Title

BWDB USE ONLY:

Date Received: _____

Time Received: _____

Received By: _____