**ATTACHMENT 1 – PROPOSAL COVER PAGE**

By completing and signing this Proposal Cover Page, the Proposer organization certifies that it has complied with all the requirements of the RFP and that it unconditionally commits to the total dollar amount of its cost proposal (Item 13), which is binding for the term of the contract.

Refer to the following instructions for assistance with completing this form.

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| **Item** | **Instructions** |
| 1, 2, 3, 4 | Provide the Proposer organization’s basic information. |
| 5 | Indicate the Proposer organization’s ownership structure. |
| 6 | Provide the Proposer organization’s federal Employee Identification Number and, if applicable, its California corporation number. |
| 7 | If applicable, provide the Proposer’s license and/or certification numbers that are required to satisfy the minimum or desirable qualifications of the RFP. |
| 8, 9, 10, 11 | Provide the name and title of the Proposer representative who is authorized to contractually bind the Proposer organization; provide the Proposer representative’s signature and date of certification. |
| 12 | Indicate whether the Proposer organization is certified as a California Small Business and/or a Disabled Veteran Business Enterprise; if so, provide the certification number(s). |
| 13 | Indicate the total dollar amount of the Proposer’s cost proposal. |

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| **Proposer Information and Certification** | | | |
| 1. Proposer Organization Name | 2. Proposer Telephone Number | | 3. Proposer Fax Number |
| 4. Proposer Address | | | |
| 5. Proposer Organization Type  Sole Proprietorship  Partnership  Corporation  Limited Liability Company | | | |
| 6. Applicable Employer and/or Corporation Numbers | | | |
| Federal Employer ID No. (EIN): | | California Corporation No.: | |
| 7. Applicable License and/or Certification Information | | | |
| 8. Proposer Representative Name (Print) | | 9. Proposer Representative Title | |
| 10. Proposer Representative Signature | | 11. Date | |
| 12. Proposer Certifications with the California Department of General Services | | | |
| * 1. California Small Business   Yes (Certification number: )  No  Pending (Submitted on: ) | | * 1. Disabled Veteran Business Enterprise   Yes (Certification number: )  No  Pending (Submitted on: ) | |
| NOTE: If the Proposer is certified, a copy of the certification or the approval letter must be provided. | | | |
| 13. Cost Proposal  $ | | | |