

PROPOSAL COVER SHEET

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Executive Director: _____

Primary Contact: _____ Title: _____

Telephone: _____ Email: _____

Project Title: **Business Process Analysis and Technology Assessment and Procurement Support for Imperial County Public Health Department-CYCLE 2**

Brief overview of how the Scope of Work will be implemented:

Amount Requested: \$ _____

Duration of the Project: _____ Expected Start Date: _____

Business Tax ID Number: _____

I certify that all statements in this exhibit are true. This certification constitutes a warranty, the falsity of which shall entitle the County of Imperial to pursue any remedy authorized by law which shall include the right, at the option of the County, of declaring any contract made as a result hereof to be void. I agree to provide the County with any other information the County determines is necessary for the accurate determination of the person or Applicant's qualification to provide services.

I certify that _____ will comply with all requirements specified in the RFP which are applicable to the services which we wish to provide. I agree to the right of the County to audit financial and other records of said name/Applicant:

_____.

Name of Applicant or Authorized Agent (please print)
