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| **TRANSMITTAL LETTER** |
| **Solicitation ID Number** |  |
| **Vendor Name** |  |
| **Vendor Address** |  |
|  **State of NH Vendor Code Number** (required)  |  |
| **Date of Submission** |  |

To whom it may concern:

We hereby submit this response to the Solicitation referenced above, in complete accordance with all conditions and specifications set forth in the Solicitation.

We attest to the fact that:

1. The Vendor has read and fully understands this Solicitation and agrees to be bound by its terms, conditions, and requirements.
2. The Vendor has read and fully understands Appendix A - Form P-37 General Provisions and Standard Exhibits.
3. The Vendor’s Solicitation Response is effective for a period of 180 days from the Vendor Solicitation Response Due Date or until the Effective Date of any resulting Contract, whichever is later.
4. The prices, terms and conditions, and services in the Vendor’s Solicitation Response have been established without collusion with other vendors.
5. This document is signed by a person who is authorized to legally obligate the responding Vendor.

Further, in accordance with RSA 21-I:11-c, the undersigned Vendor certifies that neither the Vendor nor any of its subsidiaries, affiliates or principal officers is currently debarred from performing work on any project of the federal government or the government of any state.

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| **Authorized Signature**  |  |
| **Authorized Signature (printed)** |  |
| **Title** |  |
| **Telephone** |  |
| **Email** |  |

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| 1. **Vendor Contact Information**
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| **Primary Point of Contact***Individual who will serve as the Vendor’s primary contact for all other matters relating to the Solicitation.* | **Name** |  |
| **Title** |  |
| **Email** |  |
| **Telephone** |  |
| **Fiscal Contact** *Individual who will serve as the Vendor’s primary contact for fiscal matters.* | **Name** |  |
| **Title** |  |
| **Email** |  |
| **Telephone** |  |

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| 1. **Vendor References**

Provide the information requested below for three (3) individuals or organizations who have knowledge of your organization’s capability to deliver services applicable to this Solicitation. The Department may contact references at its discretion. **A current Department employee will not be considered a valid reference.** |
| **Vendor Reference 1** |
| Individual/Organization Name |  |
| Email |  |
| Telephone |  |
| Description of Work Complete |  |
| Dates of Performance |  |
| **Vendor Reference 2** |
| Individual/Organization Name |  |
| Email |  |
| Telephone |  |
| Description of Work Complete |  |
| Dates of Performance |  |
| **Vendor Reference 3** |
| Individual/Organization Name |  |
| Email |  |
| Telephone |  |

1. **Bid Sheet**

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| 1. **Affiliations – Conflict of Interest**
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| Does your organization have any affiliations that might result in a conflict of interest in relation to this Solicitation? | Choose an item. |
| * + 1. If **YES**, explain the relationship(s) and how the affiliation(s) would not represent a conflict of interest.
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| **Line** | **Description of Service** | **Line Cost** |
| **1** | Monthly Warehouse Forklift Rental Fee for the Agreement period, in accordance to the RFB Scope of Services |  $\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Total Cost (Rental fee x 9 months): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |