

New Hampshire Department of Health and Human Services
Appendix C – Transmittal Letter and Vendor Information

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.

Authorized Signature _____
Authorized Signature (printed) _____
Title _____
Telephone _____
Email _____

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1. Vendor Contact Information		
Primary Point of Contact <i>Individual who will serve as the Vendor's primary contact for all other matters relating to the Solicitation.</i>	Name	
	Title	
	Email	
	Telephone	
Fiscal Contact <i>Individual who will serve as the Vendor's primary contact for fiscal matters.</i>	Name	
	Title	
	Email	
	Telephone	

2. 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	

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Telephone	
Description of Work Complete	
Dates of Performance	

3. Affiliations – Conflict of Interest	
Does your organization have any affiliations that might result in a conflict of interest in relation to this Solicitation?	Choose an item.
a. If YES , explain the relationship(s) and how the affiliation(s) would not represent a conflict of interest.	

4. Executive Summary
<p>a. Provide a general company overview:</p> <ul style="list-style-type: none"> i. Describe the company’s management, organizational structure, and history; ownership and subsidiaries; company background and primary lines of business; headquarters and satellite locations; mission statement; and number of employees. ii. Summarize the organization’s current project commitments, as well as major government and private sector clients. iii. Summarize the organization’s programs and activities, as well as the number of people served. iv. Describe any strengths considered to be assets to the organization and notable company accomplishments. <p>b. Provide an overview of the services the Vendor intends to provide.</p> <ul style="list-style-type: none"> i. Describe the organization’s understanding of the services requested in this solicitation and any problems anticipated in accomplishing the work. ii. Summarize the overall design of the project in response to achieving the deliverables as defined in this solicitation. iii. Describe the organization’s familiarity with the project elements, its solutions to the problems presented and knowledge of the requested services. iv. Summarize how the organization is capable of effectively completing the services outlined in the solicitation.

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5. Select which county or counties below that you are proposing to serve:	
County	
Hillsborough	
Rockingham	
Belknap	
Merrimack	
Coos	
Grafton	
Carroll	
Strafford	
Cheshire	
Sullivan	