

**PROPOSAL COVER PAGE**

I. PROPOSING AGENCY: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agency type:  Government  Commercial  Educational  Non-Profit

II. PROPOSED CONTRACT TYPE: (  ) Cost Reimbursement (  ) Fixed Rate

III. DOLLAR AMOUNT OF CONTRACT: \$ \_\_\_\_\_

IV. FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: \_\_\_\_\_

V. DUNS #: \_\_\_\_\_

VI. Registration active in S.A.M.?  Yes  No

Unique Entity Identifier # \_\_\_\_\_

VII. CERTIFICATION: I, \_\_\_\_\_, the undersigned, duly authorized representative of this proposing agency, hereby certify that I have read, understand, and accept the terms and conditions of the solicitation as stated in the Region VI Proposal Package; that the enclosed package is a firm offer effective through 30 (thirty) days after March 3, 2026; and that the information contained herein is true and correct to the best of my knowledge. I am authorized by my Board of directors, Trustees, other legally qualified officer or as the owner of this agency or business to submit this proposal. I understand that if any information has been misrepresented or is found to be untrue, this proposal will be disqualified for consideration and may be grounds for contract cancellation.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_