



SalusCare Proposal Cover Letter - RFQ-PCL

RFQ No.: _____

RFQ Title: _____

Proposer: _____

Name: _____

Address: _____

FEIN #: _____ **Florida Corporation No.:** _____

Proposer's Contact Person: _____

Title: _____

Telephone: _____ **E-Mail:** _____

Certification of Compliance with Minimum Qualification Requirement(s)

The undersigned hereby certifies that neither the contractual party nor any of its principal owners or personnel have been convicted of any of the violations, or debarred or suspended.

We (I) certify that any and all information contained in this submission is true; and we (I) further certify that this submission is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a submission for the same materials, supplies, equipment, or service, and is in all respects fair and without collusion or fraud. We (I) agree to abide by all terms and conditions of this solicitation and certify that I am authorized to sign this submission for the submitter. Please print the following and sign your name:

Proposer's Authorized Representative:

Name: _____

Title: _____

Signature: _____

Date: _____