

Request for Qualifications Proposal Cover Letter

RFP TITLE: _____

RFQ No. : _____

Proposer: _____

Name: _____

Address: _____

FEIN #: _____ Florida Corporation No.: _____

Proposer's Contact Person: _____

Name: _____

Title: _____

Telephone #: _____ E-Mail: _____

Certification of Compliance with Minimum Qualification Requirement(s)

By signing below the Proposer certifies that it meets the minimum requirements set forth in the RFQ.

Proposer's Authorized Representative:

Name: _____

Title: _____

Signature: _____

Date: _____