

Attachment 5: Cost Proposal Transmittal Sheet

New York State Department of State, Utility Intervention Unit, RFP 24-UIU-39

COST PROPOSAL FOR	
<i>(insert working group subject area)</i>	
Name of Proposer: _____ <i>Legal Name as it would appear on a contract</i>	
Mailing Address: _____ <i>Street address, P.O. Box, City, State, ZIP Code</i>	
Federal Employee Identification Number:	NYS Vendor ID Number:
If NYS Certified:	
Minority Business Enterprise (MBE) <input type="checkbox"/> Woman Business Enterprise (WBE) <input type="checkbox"/>	
Person authorized to act as the contact for this firm in matters regarding this proposal:	
Printed Name:	Title:
Telephone number:	Fax number:
E-mail:	
Person authorized to obligate this firm in matters regarding this proposal or the resulting contract:	
Printed Name:	Title:
Telephone number:	Fax number:
E-mail:	
(CORPORATIONS) Name/Title of person authorized by the Board of Directors to sign this proposal on behalf of the Board:	
Printed Name:	Title:
Signature of Proposer or Authorized Representative	Date:

By signing this form, the above Proposer or Authorized Representative attests that the proposal price submitted on the Bid Detail Sheet will remain valid for a minimum of 365 days from the date of submission.