



STATE OF MARYLAND

## Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

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Larry Hogan, Governor – Boyd Rutherford, Lt. Governor  
Allan Anderson, M.D., Chair – Mark Luckner, Executive Director

December 5, 2022

### **Request for Proposals for Independent Reviewer Dental Care Services**

#### **1. Summary Statement and Background**

The Maryland Community Health Resources Commission (“CHRC” or the “Commission”), an independent agency operating within the Maryland Department of Health, is seeking to hire independent reviewers (the “Contractor”) to evaluate grant proposals using criteria established by the CHRC, and to submit recommendations regarding which applicants to invite to present their grant proposals to the CHRC in mid-to-late March 2023.

Grant proposals will be due to the CHRC on December 19, 2022, and grant awards will be made by the CHRC in late March 2023. The Contractor will be required to submit its evaluations of the assigned grant proposals to the Commission on or before January 18, 2023.

Additional information and specific requirements and definitions are included as Attachment A to this Request for Proposals.

The Contractor cannot be affiliated with or connected to any of the entities applying for Commission grants, either in direct employment, contractual agreement or a consulting role. A Conflict-of-Interest Affidavit and Disclosure Statement (Attachment B) will be required of the Contractor.

#### **Minimum Qualifications:**

##### **A. Qualifications of Contractor:**

- i. The Contractor will have a demonstrated ability to provide concise and thorough evaluations of each assigned grant proposal with the criteria defined by the CHRC FY 2023 RFP.
- ii. Experience in, and/or demonstrated knowledge of the delivery of integrated health care and social services with an emphasis on safety-net healthcare providers in Maryland.
- iii. Experience in, and/or demonstrated knowledge of the delivery of dental care services, particularly in areas that address the needs of underserved and vulnerable populations (e.g., rural health), and healthcare services for at-risk populations.

##### **B. Preferred Experience of Contractor:**

- i. An understanding of the intersection between the social determinants of health and health outcomes as fundamental to advancing health equity and the impact on at-risk populations.

- ii. Experience in, and/or knowledge of essential health services including the direct delivery of dental care services.
- iii. Experience in reviewing health care grants.

3. **Procurement Officer:**

Jen Clatterbuck, Administrator  
Maryland Community Health Resources Commission  
45 Calvert Street, Room 336  
Annapolis, MD 21401  
Phone: 410.260.6086  
Email: [jen.clatterbuck@maryland.gov](mailto:jen.clatterbuck@maryland.gov)

4. **Deliverables:**

- a) The following deliverables are due to CHRC staff no later than January 18, 2023, by 12:00 PM (noon):
    - i. A single application review and scoring Excel sheet will be provided by the CHRC for each proposal reviewed.
    - ii. An overall assessment (normative evaluation) in memorandum format:
      - Ordered from highest to lowest ranked, of each proposal received and a recommendation on whether the applicant should be invited to present its grant proposal to the CHRC in late-March 2023.
      - The Contractor will be required to provide a well-reasoned rationale and justification for its recommendations to advance or reject each grant application assigned for review and consistent with the application scoring system provided by the CHRC.
      - The Contractor will be required to provide an assessment of how each proposal addresses the Strategic Priorities set forth in the CHRC FY 2023 RFP and whether the proposed project plan complies with the specification stated in the applicant's selected Area of Focus.
      - The Contractor will be required to determine and verify the projected number of unduplicated individuals to be served from the proposal, based on the criteria in the RFP.
  - b) The Contractor will attend a meeting with CHRC staff and a Review Committee of CHRC Commissioners. The meeting may take place virtually or at a location to be determined to discuss the proposals reviewed (minimum 3 hours) and will occur in early February 2023, on a date to be determined.
5. The term of the contract is from December 19, 2022, through June 1, 2023.
6. The contract to be awarded will result from a **Small Procurement I / Small Procurement II**.
7. **Bid/Proposal Submission Information:**

a) Submit bids/proposals via email to Jen Clatterbuck, CHRC Procurement Officer at: [jen.clatterbuck@maryland.gov](mailto:jen.clatterbuck@maryland.gov) no later than 12:00 pm (noon) December 13, 2022.

1) Proposal containing the following information:

- i. Name, organization, and contact information (mailing address, telephone number and email address).
- ii. Current copy of the Contractor's resume or CV (including resumes of all parties working on the project).
- iii. A statement illustrating the Contractor's knowledge of the delivery of integrated health care and social services, with an emphasis on safety-net healthcare providers in Maryland.
- iv. A statement illustrating knowledge and experience in, and/or demonstrated knowledge of oral health and the delivery of dental services.
- v. A description of the Contractor's experience in reviewing health care grant applications.

2) A statement describing the Contractor's understanding of the intersection between the social determinants of health and health outcomes as fundamental to advancing health equity and its impact on at-risk populations (minimum 250 words; maximum 500 words).

3) Total Compensation for the bid/proposal is to be calculated as follows:

i. Unit cost for the review of one applicant proposal, multiplied by XX proposal reviews.

**a. The number of expected applicant proposals under this Area of Focus is approximately 9.**

ii. Meeting attendance – estimate four hours at an hourly rate to be determined by the Contractor.

iii. Permissible pass-through costs will be reimbursed when submitted with appropriate documentation. Permissible pass-through costs are mileage reimbursement to attend one CHRC Board meeting (at the standard IRS rate), photocopies, and postage for delivery of original bids/proposals and other documentation to the Commission with prior approval.

iv. Federal form W-9 Request for Taxpayer Identification Number and Certification.

c) Inquiries: Potential offerors can submit questions or comments to the Procurement Officer at [jen.clatterbuck@maryland.gov](mailto:jen.clatterbuck@maryland.gov) prior to the due date and time.

## 8. Award Determination:

a. The contract to result from this solicitation will be awarded to the Contractor submitting the Most Advantageous Offer. **The decision will be determined based upon each Contractor's price plus the following technical evaluation factors (Technical Evaluation Criteria):**

- i. Familiarity with the work and mission of the CHRC;
- ii. Knowledge of the delivery of integrated health care and social services with emphasis on safety-net healthcare providers in Maryland.
- iii. Knowledge of oral health and the delivery of dental services in Maryland.

- iv. Knowledge of essential health services including the direct delivery of primary care services.
- vi. Experience in reviewing health care grant applications.

**9. Payment**

- a. Invoices should be submitted to:

Maryland Community Health Resources Commission  
45 Calvert Street, Room 336  
Annapolis, MD 21401

- b. Invoice should be submitted upon completion of all deliverables and attendance at and participation in the meetings as described in Section 4 above. Invoices should be submitted to the Procurement Officer, but not later than May 15, 2023.
- c. Amount invoice must not exceed the price quote by the Contractor on the price form.
- d. The invoice should include the date, Contractor name and address as identified on the Federal Form W9 (B.2.iv above) as well as a unique invoice number and, the Federal tax ID number for the Contractor, and the address of the Maryland Community Health Resources Commission – 45 Calvert St., Room 336, Annapolis, MD 21401.

10. The Commission agrees to provide guidance concerning contract activities, as needed; evaluate and determine acceptance of deliverables; and payment of invoices.

**11. MBE, Small Business Reserve, Veterans', Requirements:**

- There is no MBE subcontractor participation goal for this procurement.
- There is not VSBE participation goal for this procurement.
- This solicitation is not designated as a Small Business Reserve (SBR) Procurement.

12. The Price Proposal Form is included as Attachment C.

13. The standard small procurement contract is included as Attachment D.

# Attachment A

## Additional Information

**Grant Application:** Includes but not limited to: (1) Transmittal Letter, (2) Grant Application Cover Sheet, (3) Executive Summary; (4) Contractual Obligations, Assurances, and Certifications, (5) Project Proposal, (6) Mandatory appendices:

- (a) IRS determination letter indicating 501(c)(3) tax-exempt status, if applicable
- (b) List of officers and Board of Directors or other governing body
- (c) Organizational Chart
- (d) Overall organization budget
- (e) Form 990, if applicable
- (f) Résumés of key personnel
- (g) Letters of commitment from collaborators
- (h) Logic model
- (i) Work Plan template

Optional appendices:

- (a) Service maps, data, and other statistics on target population
- (b) Annual report, if available.

**Grant Proposal(s):** includes, but is not limited to:

- Table of contents
- Project Summary
- Background and Justification
- Organizational Capacity
- Project Plan
- Partnerships
- Evaluation
- Sustainability
- Project Budget and Budget Justification

Appendices:

- Letters of commitment from collaborators
- Logic model
- Work Plan template

**Unduplicated Individuals Served:** An individual (a participant/patient, as identified through use of a standardized intake assessment form or other reliable data collection and documentation method) that receives services, such as clinical health services and/or Social Determinants of Health (SDOH) services that include, but are not limited to: ● Transportation ● Addressing food insecurity ● Legal services ● Stable housing The key is that the program 1) establishes an ongoing relationship; 2) ensures that the participant/patient receives the services in order to be “counted”; and 3) all individuals recorded under the “number of unduplicated individuals who receive grant funded services (all project components) measure are included. If an individual receives health education and/or screenings, the individual must be referred to clinical health services or SDOH service partners for ongoing case management/ongoing services in order to be "counted" as an individual (participant/patient) served.

The Contractor must also use all of the following criteria to assess, prioritize, and recommend proposals for funding:

**1. The strategic priorities of the CHRC must be clearly identified and addressed in the application**

*1a). Advancing health equity by addressing health disparities and adverse Social Determinants of Health (SDOH), with a particular emphasis on groups disproportionately impacted by the COVID-19 pandemic, including racial and ethnic minorities.*

*1b). Promoting the efficient and strategic delivery of integrated health and social services through innovative, sustainable community partnerships that address the totality of medical and non-medical needs, with emphasis on approaches that address COVID-19 pandemic-related service delivery challenges.*

- 2. Projects must be community-based, innovative, sustainable, and replicable (as described on pages 4-5 above):** The proposal describes a project that employs innovations in methodology, use of technology, and/or multi-sectoral partnerships to expand/improve the provision of health care services to underserved populations. The proposal describes how the proposed project, after successful completion, could serve as a model to be replicated in other areas of the state. The application demonstrates that the proposed project is likely to continue to provide benefits to the target population and the community at large beyond the duration of the proposed grant period. The proposal identifies likely sources of future revenue and describes efforts to achieve long-term project/financial sustainability, which could include future funding from a fee-for-service model, outside funding from hospitals, outside organizations, or grants. Additionally, applications that indicate matching fund commitments or leverage additional resources will be favorably reviewed. Letters of commitment that demonstrate financial support at the beginning, during, or after the project grant period are strongly encouraged, and these applications will be given added consideration. In-kind support will also be viewed favorably, but not as favorably as matching support provided by additional external partners, such as hospital partners, private/non-profit foundations, and the business community.
- 3. Community need:** The application demonstrates a deep understanding of the community to be served and that the needs of the community exceed the existing health resources available (or accessible) to the target population. The target population is clearly identified and quantified, and the needs of this population are adequately documented through quantitative data that include demographics, rates of insurance coverage, and service utilization statistics. Data used to illustrate the needs of the identified population should be drawn from a reliable and known data source such as the U.S. Census Bureau, State Health Improvement Process (SHIP), Health Services Cost Review Commission (HSCRC), Chesapeake Regional Information System for our Patients (CRISP), individual hospital data, or the Maryland Health Equity data from the Maryland Office of Minority Health and Health Disparities. Applicants are strongly encouraged to consult their local Community Health Needs Assessments and Local Health Improvement Coalitions (LHICs).
- 4. Project impact and prospects for success:** The application demonstrates that the project will lead to improved access to care for the target population, will build capacity to deliver services to lead to improved health outcomes, improved service experiences, more efficient use of hospital resources and reduced health disparities. The project has the potential for expansion or replication in neighboring areas or more broadly across the state. The goals and objectives of the project are clear, measurable, and achievable. The proposed project has a high likelihood of achieving its overall goal(s).

The project incorporates the best available evidence-based interventions and actions that will address the priorities outlined in the proposal. In the absence of evidence-based intervention strategies, the CHRC will also consider alternative strategies from the proposal if there is a compelling case for logical and closely monitored innovation. The proposal includes a logic model attachment which summarizes the project and links intervention strategies with expected outcomes. The work plan and budget are congruent and reasonable. The project team possesses the skills, competencies, commitment, and sufficient capacity to carry out the proposed work and has a supportive, organizational, and community environment. Applicants are encouraged to cite specific data sets and sources that will be utilized to document project impact.

Impacts from selected projects may include but are not limited to: (1) medium term impacts such as increased access to primary and integrated behavioral health services, and school-based prevention and education and/or (2) long term impacts such as reduction in hospital and emergency service utilization for treatment of ambulatory care-sensitive acute and chronic conditions.

- 5. Project monitoring, evaluation, and capacity to collect/report data:** The application demonstrates the capacity to measure and report progress in achieving goals and objectives of the project through qualitative and quantitative measures. Evaluation plans should be clear and consistent with the inputs, activities, and outcomes outlined in the project's logic model. The application should clearly specify the metrics that will be used to define success, including clearly defined process and health outcome measures. The application should specify how data will be collected and reported to the CHRC, which analysis tools will be used for quantitative and qualitative evaluation, and what data source(s) will be utilized to document overall project impact. Where relevant, applications should document the use of an EMR system, use of the ENS system in CRISP, data-sharing agreements with hospitals and/or community partners, Medicaid claims data, or other applicable data tools and resources. The project team must also have the ability to comply with the evaluation and monitoring requirements of the proposed grant project. Applicants with limited internal capability or capacity to collect and report data are permitted to include the projected costs of data collection and evaluation in their line-item budget and narrative.
- 6. Participation of stakeholders and partners:** The application lists as key participants relevant stakeholders and partners from the community and appropriate agencies and organizations. These collaborators will be actively engaged as demonstrated by participation in the planning and implementation process, dedicating staff or other resources to the project, contributions of facilities and equipment, and/or the provision of free or discounted health care services. Letters of commitment from collaborators are **required**, should be included in the Appendix section of the proposal, and must clearly state what they will contribute to the project and/or how they will participate in the project.
- 7. Organizational commitment and financial viability:** The applicant organization is committed to improving access to care for the target population and can demonstrate that the proposed project will significantly contribute to this goal. In addition, the applicant organization is in sound financial standing, has adequate financial management systems, is capable of managing grant funds, and presents the strong likelihood of achieving the overall objective(s) of the grant proposal.
- 8. Workforce Diversity:** Applicants should present an organizational assessment of racial and ethnic minority representation and cultural competency among the organization's healthcare professionals, key community service providers, and organizational leadership, and when applicable present the organizational approach to achieve racial and ethnic diversity proportional to the vulnerable communities served to increase the quality of care and contribute to reducing health disparities.
- 9. Cultural, linguistic and health literacy competency:** Applicants should present strategies for working with the target population/community in a culturally sensitive and linguistically competent manner. Proposals should include strategies and interventions to address low health literacy in the target population/community, including facilitating translation and interpretation for non-English speakers and expanding the cultural, linguistic, and health literacy competencies of professional and paraprofessional health care workforce.

## ATTACHMENT B

### CONFLICT OF INTEREST AFFIDAVIT AND DISCLOSURE

#### CONFLICT OF INTEREST AFFIDAVIT AND DISCLOSURE

A. "Conflict of interest" means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the State, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.

B. "Person" has the meaning stated in COMAR 21.01.02.01B(64) and includes a Bidder/Offeror, Contractor, consultant, or subcontractor or sub-consultant at any tier, and also includes an employee or agent of any of them if the employee or agent has or will have the authority to control or supervise all or a portion of the work for which a Bid/Proposal is made.

C. The Bidder/Offeror warrants that, except as disclosed in §D, below, there are no relevant facts or circumstances now giving rise or which could, in the future, give rise to a conflict of interest.

D. The following facts or circumstances give rise or could in the future give rise to a conflict of interest (explain in detail—attach additional sheets if necessary):

E. The Bidder/Offeror agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the Bidder/Offeror shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the Bidder/Offeror has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the Contractor shall continue performance until notified by the procurement officer of any contrary action to be taken.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Authorized Representative and Affiant)



**ATTACHMENT C**  
**FOR THE RFP FOR SECURING INDEPENDENT REVIEWER**  
**Providing dental care**

**COMPANY NAME:**

\_\_\_\_\_

**FEDERAL EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

**OFFICE TELEPHONE NUMBER:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**CONTRACT CONTACT PERSON:** \_\_\_\_\_

**CONTACT E-MAIL ADDRESS:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **DATE:**

<b>COST PER APPLICATION REVIEWED</b>	<b>\$</b>
<b>OR</b>	
<b>TOTAL COST FOR THIS CONTRACT</b>	<b>\$</b>

## ATTACHMENT D

### SAMPLE SMALL PROCUREMENT CONTRACT

THIS CONTRACT (the "Contract"), is made as of  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between  
the STATE OF MARYLAND, acting through the DEPARTMENT OF HEALTH ("Department"), and \_\_\_\_\_

\_\_\_\_\_  
("Contractor") whose principal office in Maryland is

\_\_\_\_\_  
and whose principal business address is

(Please note that this template provides to you the clauses that are necessary for all small procurements. Your particular procurement may need additional clauses or provisions, such as those that are typically found in the standard solicitation templates and contracts (e.g., security provisions, rights in records, intellectual property, designation of the contract monitor, etc.)

The parties agree as follows:

#### 1. Scope of Contract.

(a) The Contractor shall provide the following goods or services:

(Insert Contract Specifications here. Any product or service deliverables, milestones, or deadlines must be identified. The specifications must clearly articulate what the State will be purchasing via this contract. Readers should understand exactly what the State is buying. The specifications need to be clearly written so that payment can be made appropriately, work (un)performed can be identified, and the contractual rights of the State can be enforced. If there is a written scope of work/solicitation, you can refer to it here.)

The scope of work or solicitation  
dated \_\_\_\_\_ is attached and incorporated by reference as Exhibit \_\_\_\_\_. The  
Contractor's bid or proposal dated \_\_\_\_\_ is attached and incorporated by references as Exhibit \_\_\_\_\_. If there

Is any conflict between this Contract and any exhibits incorporated by reference, the terms of this contract shall govern. If there is any conflict among the Exhibits, the following order of precedence shall determine the prevailing provision:

Exhibit A – the scope of work or solicitation and Exhibit B – the Contractor's bid or proposal.

(b) **Changes.** This Contract may be amended only with the written consent of both parties. Amendments may not change significantly the scope of the Contract (including the Contract price).

#### 2. Term of Contract.

The term of this Contract shall be for the period of  
\_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_.

### 3. Compensation and Method of Payment.

- (a) **Compensation.** The total compensation for services to be rendered by the Contractor shall not exceed \$\_\_\_\_\_. (Insert the appropriate dollar amount for this Contract. The amount may not exceed \$50,000.)
- (b) **Method of Payment.** The Department shall pay the Contractor no later than thirty (30) days after the Department receives a proper invoice from the Contractor. Charges for late payment of invoices, other than as prescribed by Title 15, Subtitle 1, State Finance and Procurement Article, Maryland Code, are prohibited.
- (c) **Tax Identification Number.** The Contractor's Federal Tax Identification Number is \_\_\_\_\_ . The Contractor's Social Security Number is \_\_\_\_\_ (Individual Contractor Only). Contractor's Federal Tax Identification Number (or Social Security Number - Individual Contractor Only) shall appear on all invoices submitted by the Contractor to the Department for payment.
- (d) **Invoicing.** All invoices for services shall be signed by the Contractor and submitted to the Procurement Officer. All invoices shall be submitted in triplicate no later than the 15th of the month for the preceding calendar month. (The invoice schedule may be adjusted to meet your particular needs. The 15th of the month billing cycle is fairly typical, but not required.) All invoices shall include the following information:
- Contractor name;
  - Remittance address;
  - Federal taxpayer identification number (or if sole proprietorship, the individual's social security number);
  - Invoice period;
  - Invoice date;
  - Invoice number
  - State assigned Contract number;
  - State assigned (Blanket) Purchase Order number(s);
  - Goods or services provided; and
  - Amount due.
- Invoices submitted without the required information cannot be processed for payment until the Contractor provides the required information.

### 4. Procurement Officer.

The Department designates \_\_\_\_\_

to serve as Procurement Officer for this Contract. All contact between the Department and the Contractor regarding all matters relative to this Contract shall be coordinated through the Procurement Officer.

5. **Disputes.** Disputes arising under this Contract shall be governed by State Finance and Procurement Article, Title 15, Subtitle 2, Part III, Annotated Code of Maryland, and by COMAR 21.10 Administrative and Civil Remedies. Pending resolution of a dispute, the Contractor shall continue to perform this Contract, as directed by the Procurement Officer.
6. **Termination for Convenience.** The State may terminate this Contract, in whole or in part, without showing cause upon prior written notification to the Contractor specifying the extent and the effective date of the termination. The State will pay all reasonable costs associated with this Contract that the Contractor has incurred up to the date of termination, and all reasonable costs associated with termination of the Contract. However, the Contractor may not be reimbursed for any anticipatory profits which have not been earned up to the date of termination. Termination hereunder, including the determination of the rights and obligations of the parties, shall be governed by the provisions of COMAR 21.07.01.12(A)(2).
7. **Termination for Default.** If the Contractor does not fulfill obligations under this Contract or violates any provision of this Contract, the Department may terminate the Contract by giving the Contractor written notice of termination. Termination under this paragraph does not relieve the Contractor from liability for any damages

caused to the State. Termination hereunder, including the rights and obligations of the parties, shall be governed by the provisions of COMAR 21.07.01.11B.

- 8. **Termination for Nonappropriation.** If funds are not appropriated or otherwise made available to support continuation in any fiscal year succeeding the first fiscal year, this Contract shall be terminated automatically as of the beginning of the fiscal year for which funds are not available. The Contractor may not recover anticipatory profits or costs incurred after termination.
- 9. **Non-Discrimination in Employment.** The Contractor shall comply with the nondiscrimination provisions of federal and Maryland law, including, but not limited to, the employment provisions of §13-219 of the State Finance and Procurement Article, Maryland Code and Code of Maryland Regulations 21.07.01.08, and the commercial nondiscrimination provisions of Title 19, Subtitle 1, State Finance and Procurement Article, Maryland Code.
- 10. **Maryland Law Prevails.** The laws of Maryland shall govern the interpretation and enforcement of this Contract. The Maryland Uniform Computer Information Transactions Act (Commercial Law Article, Title 22 of the Annotated Code of Maryland) does not apply to this Contract or any software license acquired hereunder.
- 11. **Anti-Bribery.** The Contractor certifies that, to the Contractor's best knowledge, neither the Contractor; nor (if the Contractor is a corporation or partnership) any of its officers, directors, partners, or controlling stockholders; nor any employee of the Contractor who is directly involved in the business's contracting activities, has been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or of the United States.
- 12. **Commercial Non-Discrimination Policy.** The Contractor shall comply with the provisions of State Finance and Procurement Article. Title 19, Annotated Code of Maryland.

**IN WITNESS THEREOF**, the parties have executed this Contract as of the date hereinabove set forth.

**CONTRACTOR**

**STATE OF MARYLAND  
DEPARTMENT OF HEALTH**

(Seal)

\_\_\_\_\_  
By:

\_\_\_\_\_  
By:

\_\_\_\_\_  
(Printed Name and Title)

\_\_\_\_\_  
(Printed Name and Title)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Attachments: Exhibit A: Scope of Work or Solicitation  
Exhibit B: Bid or Proposal