# **A picture containing drawing Description automatically generatedAPPENDIX A: CMHPSM DYTUR RFQ #2021C COVER SHEET**

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| Agency: |  | | |
| Mailing Address: |  | | |
| City: |  | | |
| State: |  | ZIP: |  |
| Contact Name: |  | | |
| Phone #: |  | | |
| Email Address: |  | | |
| Fax #: |  | | |

|  |  |
| --- | --- |
| Enter cost to perform DYTUR activities on a county by county basis. Enter N/A if you are not interested in providing service in one particular county or counties. | Quotes for Individual Counties |
| Lenawee | $ |
| Livingston | $ |
| Monroe | $ |
| Washtenaw | $ |

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| --- |
| **The CMHPSM will review quotes on a county by county basis as well as across the entire four-county regional perspective. The CMHPSM will determine if it will utilize one regional provider or multiple providers across the four-county region.** |

By signing or typing your name below, you are attesting that all applicable documents have been attached. In submitting this proposal the contractor assures that they are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; have not within a three (3) year period preceding this RFQ been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated above; and have not within a three (3) year period preceding this RFQ had one or more public transactions (federal, state, or local) terminated for cause or default.

|  |  |  |
| --- | --- | --- |
| Signature: |  | |
|  | | Date: |
| Printed Name: |  |  |