

**Request for Proposals For Last Mile Consulting Services**

**RFP No. (2014-MBI-01)**

**Attachment B**

**Response Forms**

Response Cover Sheet

|  |
| --- |
| Name of Respondent |
| Mailing Address | City/Town | State | Zip Code |
| Telephone | Fax | Web Address |
| Primary Contact for Clarification | Primary Contact E-mail Address |
| Authorized Signatory | Authorized Signatory E-mail Address |
| Legal Status/Jurisdiction (e.g., a Massachusetts corporation) | Respondents DUNS No. |

#### Massachusetts Technology Collaborative

#### Authorized Respondent’s Signature and Acceptance Form

The undersigned is a duly authorized representative of the Respondent listed below. The Respondent has read and understands the RFP requirements. The Respondent acknowledges that all of the terms and conditions of the RFP are mandatory, and that Respondent’s response is compliant with such requirements. The Respondent specifically acknowledges the application of the procedures regarding disclosure of sensitive information as set forth in Attachment A of the RFP, and specifically agrees that it shall be bound by those procedures.

The Respondent understands that, if selected by the Mass Tech Collaborative, the Respondent and the Mass Tech Collaborative will execute written agreements specifying the mutual requirements of participation. The undersigned (*please check one)*:

[ ]  has specified exceptions and counterproposals to the terms and conditions of the Master Agreement;

[ ]  agrees to the terms and conditions set forth therein; or

[ ]  is already a signatory to a Master Agreement with the Mass Tech Collaborative.

The undersigned acknowledges and agrees that the failure to submit exceptions and counterproposals with this Response shall be deemed a waiver and the Master Agreement shall not be subject to further negotiation.

Respondent agrees that the entire bid response will remain valid for sixty (60) days from receipt by the Mass Tech Collaborative.

I certify that Respondent is in compliance with all corporate filing requirements and State tax laws.

I further certify that the statements made in this Response to the RFP, including all attachments and exhibits, are true and correct to the best of my knowledge.

Respondent:

 (Printed Name of Respondent)

By:

 (Signature of Authorized Representative)

Name:

Title:

Date: