



DEPARTMENT OF ECONOMIC OPPORTUNITY
REQUEST FOR PROPOSAL

FLORIDA DEPARTMENT of
 ECONOMIC OPPORTUNITY

Solicitation Acknowledgement Form

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| Page <u>1</u> of <u>41</u> pages | SUBMIT PROPOSAL TO: Department of Economic Opportunity (DEO) Office of Property and Procurement 107 East Madison Street, B-047 Tallahassee, Florida 32399-4128 Telephone Number: 850-245-7455 | SOLICITATION NO: |
| AGENCY RELEASE DATE: November 28, 2017 | | 18-RFP-004-BM |
| SOLICITATION TITLE: Black Business Loan Program Loan Servicing | | |

PROPOSALS WILL BE OPENED: **December 19, 2017 3:00 PM, Eastern Time**
 and may not be withdrawn within 180 days after such date and time.

I certify that this Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same material supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this proposal and certify that I am authorized to sign this proposal for the Respondent and that the Respondent is in compliance with all requirements of the Request for Proposal, including but not limited to, certification requirements. In submitting a proposal to an agency for the State of Florida, the Respondent offers and agrees that if the proposal is accepted, the Respondent will convey, sell, assign or transfer to the State of Florida all rights, title and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by the State of Florida. At the State's discretion, such assignment shall be made and become effective at the time the purchasing agency tenders final payment to the Respondent.

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| RESPONDENT NAME: | * Authorized Representative's Signature * Name and Title of Authorized Representative *This individual must have the authority to bind the Respondent. |
| RESPONDENT MAILING ADDRESS: | |
| CITY – STATE – ZIP: | |
| PHONE NUMBER: | |
| TOLL FREE NUMBER: | |
| FAX NUMBER: | |
| EMAIL ADDRESS: | |
| FEID NO.: | |
| TYPE OF BUSINESS ENTITY (Corporation, LLC, partnership, etc.): | |

RESPONDENT CONTACTS: Please provide the name, title, address, telephone number and e-mail address of the official contact and an alternate, if available. These individuals shall be available to be contacted by telephone or attend meetings as may be appropriate regarding the solicitation schedule.

| PRIMARY CONTACT: | | SECONDARY CONTACT: | |
|------------------|--|--------------------|--|
| NAME, TITLE: | | NAME, TITLE: | |
| ADDRESS: | | ADDRESS: | |
| PHONE NUMBER: | | PHONE NUMBER: | |
| FAX NUMBER: | | FAX NUMBER: | |
| EMAIL ADDRESS: | | EMAIL ADDRESS: | |

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.