

**Region 2 Offender Success Program -- Networks Northwest
Cover Sheet**

PROPOSING AGENCY: _____

ADDRESS: _____

PROPOSAL CONTACT PERSON: _____

PHONE: _____ **EMAIL:** _____

ACCEPTANCE OF THE CONDITIONS OF THE REQUEST FOR PROPOSAL

By signing this request for proposal application, I acknowledge that this agency hereby accepts all the terms and conditions set forth in this document. I also certify that I am authorized to submit and sign this proposal on behalf of the submitting organization; that the quotation is accurate and true to the best of my knowledge, and that the submitting organization is an Equal Opportunity Employer.

The enclosed description of services and rates quoted will be valid through March 30, 2023.

SIGNATURE OF AUTHORIZED OFFICIAL: _____

PRINT NAME AND TITLE: _____

DATE: _____