Offering Entity Acknowledgement Form
Baltimore, MD – Outpatient Clinic (OPC)
RLP ID: 36C10F25R0036

The Offeror attests that the information provided below is accurate and shall be a basis for evaluation in RLP No. 36C10F25R0036. Failure to provide the required information may deem your proposal non-responsive.

**Offeror Information**

| | |
|---|---|
| Entity Name: | |
| Address: | |
| UEI Number: | |
| Tax Identification Number: | |
| Authorized Official Name: | |
| Authorized Official Phone Number: | |
| Authorized Official Email: | |
| Authorized Official is Listed in Entity SAM Representations: | ☐ Yes ☐ No |
| Authorized Official is Listed in Entity Operating Agreement: | ☐ Yes ☐ No |
| Date of Submission: | |
| Time Specified for Receipt of Offers: | |

**Offeror Entity/Prime Contractor Status**

| | |
|---|---|
| Prime Contractor Size Status: ☐ SDVOSB ☐ VOSB ☐ SB | |
| Offer Entity Currently Certified in SAM under NAICS 531120: | ☐ Yes ☐ No |
| Offer Entity Currently Verified in VetCert: | ☐ Yes ☐ No |

_____ _____
Offering Entity POC Signature Date

_____
Offering Entity POC Name