Offering Entity Acknowledgement Form
South Palm Beach County, FL – Outpatient Clinic (OPC)
RLP ID: 36C10F26R0024

The Offeror attests that the information provided below is accurate and shall be a basis for evaluation in RLP No. 36C10F26R0024. 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