

## PROPOSAL PACKAGE COVER PAGE

<b>HOME OFFICE ADDRESS:</b> <hr/> Company <hr/> Contact <hr/> Mailing Address <hr/> Phone <hr/> E-mail address	<b>NOTICE ADDRESS:</b> <hr/> Company <hr/> Contact <hr/> Mailing Address <hr/> Phone <hr/> E-mail address
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<b>PAYMENT ADDRESS:</b> <hr/> Company <hr/> Contact <hr/> Mailing Address <hr/> Phone <hr/> E-mail address	<b>OFFEROR'S TYPE OF ENTITY: (CHECK ONE)</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporate Entity (not-tax exempt) <input type="checkbox"/> Partnership/Independent <input type="checkbox"/> Corporation (tax-exempt) <input type="checkbox"/> Government entity (Federal, State, local) <input type="checkbox"/> 501(c)3
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CERTIFICATION: I certify that the information contained in this proposal fairly represents this entity and its operating plans and budget necessary to conduct the proposed provision of In-Home and/or Community Based Services for the Elderly under Title III of the Older Americans Act, as amended, and South Carolina State-Funded Programs of the State Unit on Aging described herein. I acknowledge that I have read and understand the requirements of the Solicitation and that this entity is prepared to implement the proposed services as described herein. I further certify that I am authorized to sign this proposal and any contractual agreement emanating there on behalf of the entity submitting the proposal. This PROPOSAL is firm for a period of at least one-hundred and twenty (120) calendar days from the closing date. Closing date for this solicitation is **3:00 PM EST March 21, 2019.**

\_\_\_\_\_  
Signature of Signatory Official (in **blue** ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Signatory Official

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RFP Title

\_\_\_\_\_  
Typed Job Title of Signatory Official