

## ATTACHMENT B: COVER SHEET

Name of Person, Business or Organization:	
Type of Entity: (e.g., Sole Proprietorship, Partnership, Corp., Non-Profit, Public Agency)	
Federal Tax ID Number:	
Contact Person – Name	
Contact Person - Address	
Contact Person – Phone Number(s)	
Contact Person – email address	

By signing this Cover Sheet I hereby attest: that I have read and understood all the terms listed in the RFP; have read and understood all terms listed in this proposal; that I am authorized to bind the listed entity into this agreement; and that should this proposal be accepted, I am authorized and able to secure the resources required to deliver against all terms listed within the RFP as published by the County of San Benito, including any amendments or addenda thereto except as explicitly noted or revised in my submitted proposal.

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Signature of Authorized Representative

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Printed Name of Authorized Representative

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Date

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Title of Authorized Representative