



**VENDED MEAL SERVICES
 REQUEST FOR PROPOSALS (RFP) 1222**

8.1 FORM #1: Proposal Cover Statement

This form must accompany the proposal package when submitted. Only one copy with original signatures is required.

PROPOSAL COVER STATEMENT – RFP 1222	
PROGRAM TITLE – VENDED MEAL SERVICES	
BIDDER ORGANIZATION NAME	
ADDRESS	WEBSITE
CONTACT PERSON	Contact Phone
	Contact E-mail
TOTAL AMOUNT OF FUNDING REQUEST	\$
PROPOSAL OPTION (1, 2, or 3):	
FEDERAL EMPLOYER NUMBER	501(C)(3) EXEMPTION
AGENCY PRIOR YEAR NET OPERATING BUDGET	\$ _____
AUTHORIZATION	
<p><i>We submit the attached response to the Notice of Request for Proposal No.1222 dated <u>April</u> <u>2025</u> and all attachments and declare that: If this Response is accepted by the Board of Supervisors of Contra Costa County, I will enter into a standard contract with Contra Costa County to provide all work specified herein at the costs, which I have proposed, or in accordance with modifications required by Contra Costa County. Funds obtained through this contract will not be used to supplant or augment funding for other programs operated by the bidder/contractor.</i></p>	
AUTHORIZED REPRESENTATIVES: (two signatures required)	
Name:	Title:
Signature:	Date:
Name:	Title:
Signature:	Date: