

SAMPLE COVER LETTER

Date

Attached is our organization's proposal for the provision of services to the clients of (place a check next to each ASAP you are proposing to contract with):

- ☐ Boston Senior Home Care (Lincoln Plaza, 89 South Street, Suite 501, Boston, MA, 02111)
- ☐ Central Boston Elder Services (2315 Washington Street, Boston, MA 02119)
- ☐ Ethos (555 Amory Street, Jamaica Plain, MA 02130).

To clarify any aspect of [Enter Your Organization Name] response, you may contact the following individual:

Name	
Title	
Telephone	
Email	

[Enter Your Organization Name] is the legal name under which the organization conducts business. As the authorized signatory for [Enter Your Organization Name] , I affirm that my organization is not under federal or state debarment. I further acknowledge, that I have read the relevant contract forms and required attachments for the service(s) [Enter Your Organization Name] proposes to provide, and I agree to comply with all of the terms contained therein. I understand that if I am awarded a contract through this procurement, I will be monitored against these requirements and must be able demonstrate that my organization is in compliance.

I certify that my proposal (select one):

- A. [] was written by an individual who is employed by (Your Organization);
- B. [] was written by an individual who is not employed by (Your Organization). Please enter the name of the person who prepared your proposal []

Sincerely yours,

Signature Authorized Representative

[Name and Title, Type Here]