

Solicitation/Application No.: PODS-2003-R-475-00

Attachment H

DCSS Service/Commodity: Medical Supplies

PRINT, COMPLETE & RETURN THIS LETTER OF OFFER TO THE ADDRESS IN SECTION 5 OF THE SOLICITATION/APPLICATION.

LETTER OF OFFER



NAME OF OFFEROR:

ADDRESS (Including Zip):

PHONE #:

FAX #:

E-MAIL:

TAX ID #:

LSDBE CERTIFICATION #:

(COMPANY NAME)_____ is offering to the District of Columbia the similar products or services from the enclosed federal multiple award base contract identified as: Contract No:_____ Contractor Name:_____

(COMPANY NAME)_____ accepts the DCSS Terms and Conditions and District of Columbia Standard Contract Provision for Use with District of Columbia Government Supply and Services Contracts (November 2002) without exception.

I hereby certify that during the term of the DCSS contract, (COMPANY NAME) _____ will only provide qualified personnel who meet the educational and/or experience requirements that are stipulated for the classifications listed in the federal multiple award base contract as identified herein.

Sincerely,

Name:_____ (Authorized Personnel)

Title:_____

Signature:_____ Date:_____