



THE FIRM OF: _____

Address: _____

Hereby agrees to provide the requested services as defined in Request for Proposal No. 2022-NURSE TRIAGE LINE for the prices stated in the attached proposal. This proposal shall be valid for 60 days from the date of submittal.

The following shall be returned with your proposal. Failure to do so may be cause for rejection of proposal as non-responsive. It is the responsibility of the Proposer to ensure that he/she has received all addenda.

ITEM: **Included (please check):**

- 1. Experience, qualifications, and staffing
- 2. Cost of Services Proposal
- 3. Guaranteed accuracy
- 4. Guaranteed productivity
- 5. Customer Service Statement
- 6. Alaska Native/Indian Ownership/Management
- 7. Three (3) references (per 5.1.3 c., above)
- 8. Call Center Operations (describe)
- 9. Accreditation Certification (attach documents)
- 10. Staffing, Training & Languages

Person to contact regarding this proposal:

Name: _____

Title: _____ Phone: _____ E-mail: _____

Print name of person authorized to legally bind the company: _____

Signature: _____ Date: _____