# BMZ-logo-e1380795085627.jpgRequest For Proposal FORM

A. Applicant's Name:

Registration No. Palestine (Ministry of Interior):

Applicant’s Address:

Telephone Number:

Fax:

Number:

Contact Person:

Position:

Email:

Website:

B. The applicant agrees to provide the services identified in Section C, at the prices therein offered and summarized in the offer, in accordance with the conditions of this solicitation document. This application is valid for a period of ninety (90) calendar days from the RFP closing date.

C. The applicant acknowledges reading all documents, and is fully aware of all terms and conditions.

D. Upon consideration of an award or during the negotiations leading to an award, applicants may be required to submit additional documentation deemed necessary for the Contracting Officer to make an affirmative determination of responsibility. Applicant understands that it will undergo pre-award assessment prior to any award decision.

E. Signature of person authorized to sign the proposal:

By virtue of my signature, I hereby acknowledge and certify to the accuracy and completeness of the attached offer.

**Name (print) Signature**

**Date Title**

OFFICIAL STAMP