

# *Request for Qualifications Proposal Cover Letter*

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RFQ TITLE: \_\_\_\_\_

RFQ No. : \_\_\_\_\_

Proposer: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

FEIN #: \_\_\_\_\_ Florida Corporation No.: \_\_\_\_\_

Proposer's Contact Person: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Certification of Compliance with Minimum Qualification Requirement(s)**

By signing below the Proposer certifies that it meets the minimum requirements set forth in the RFQ.

**Proposer's Authorized Representative:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_