**VII. EXECUTION OF PROPOSAL**

By submitting this proposal, the potential contractor certifies the following:

* This proposal is signed by an authorized representative of the firm.
* It can obtain insurance certificates as required within 10 calendar days after notice of award.
* The cost and availability of all equipment, materials, and supplies associated with performing the

services described herein have been determined and included in the proposed cost.

* All labor costs, direct and indirect, have been determined and included in the proposed cost.
* The potential contractor has read and understands the conditions set forth in this RFP and agrees to them

with no exceptions.

* The offeror is registered in NC E-Procurement @ Your Service or agrees to register within two days after

notification of contract award.

Therefore, in compliance with this Request for Proposals, and subject to all conditions herein, the undersigned offers and agrees to furnish the subject services as indicated in its proposal. Offer valid for **ninety (90) days** from date of proposal opening unless otherwise stated here:       days (See General Information on Submitting Proposals, Item 7).

**Failure to execute/sign proposal prior to submittal shall render proposal invalid. Late proposals are not acceptable.**

|  |  |  |  |
| --- | --- | --- | --- |
| BIDDER: | | | |
| STREET ADDRESS: | | P.O. BOX: | ZIP: |
| CITY & STATE & ZIP: | | TELEPHONE NUMBER: | TOLL FREE TEL. NO |
| PRINCIPAL PLACE OF BUSINESS ADDRESS IF DIFFERENT FROM ABOVE (SEE INSTRUCTIONS TO BIDDERS ITEM #21): | | | |
| N.C.G.S. § 133-32 and Executive Order 24 prohibit the offer to, or acceptance by, any State Employee of any gift from anyone with a contract with the State, or from any person seeking to do business with the State. By execution of any response in this procurement, you attest, for your entire organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employees of your organization. | | | |
| PRINT NAME & TITLE OF PERSON SIGNING: | | FAX NUMBER: | |
| AUTHORIZED SIGNATURE: | DATE: | E-MAIL: | |

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ACCEPTANCE OF PROPOSAL

**NC DEPARTMENT OF PUBLIC SAFETY**

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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