

Procurement Service Center

1800 Grant St, Ste 400
Denver, CO 80203



University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

Phone: (303) 764-3400

Solicitation Form

This form must be completed, signed, and returned with your submitted response.

Solicitation Number:

Company Name:

Company Address:

City, State, Zip Code:

Company Contact:

Email:

The undersigned acknowledges receipt and consideration of the following addenda, if any, to the solicitation documents.

Addenda Numbers:

Please indicate if Offeror anticipates Performing or Subcontracting Services outside the United States or Colorado.

Yes

No

If yes, the Offeror shall provide in a written statement which must include, but need not be limited to, the type of services that will be performed at a location outside the United States or Colorado and the reason why it is necessary or advantageous to go outside the United States or Colorado to perform such services.

The undersigned, by submitting its response, acknowledges that it understands and will agree to the University Sample Contract and any corresponding Exhibits, Attachments, and Scope of Work, and that the Offeror shall be able to perform as required. Acknowledgment of this condition shall be indicated by the signature of the Offeror below or an officer of the Offeror legally authorized to execute contractual obligations.

A submission in response to this Solicitation acknowledges acceptance by the Offeror of all terms and conditions as set forth herein. The Offeror shall identify clearly and thoroughly any variations between its submitted response and this Solicitation. Failure to do so shall be deemed a waiver of any rights to subsequently modify the terms of performance, except as outlined or specified in this Solicitation.

Printed Name:

Title:

Email:

Date:

Signature: