ATTACHMENT 9: MANDATORY INTENT TO BID FORM

PLEASE SUBMIT WITH ATTACHMENT 8: Minimum Bidder Qualifications Form AND Attachment 11: Building Standards and Insurance Requirements

RFP Name: _____

1	**Information Regarding the Bidder's Company:**	**Name:** _____ **Address:** _____ **City, State, Zip Code:** _____ **Telephone Number:** _____ **Taxpayer ID:** _____ **NYS Vendor ID:** _____
2	**Primary Contact to be attending the Mandatory Site Visit:**	**Name:** _____ **Title:** _____ **Address:** _____ **City, State, Zip Code:** _____ **Telephone Number:** _____ **Email address:** _____
8	**The undersigned certifies that they are a duly authorized representative of the company and that, as such, are authorized to sign this Mandatory Intent to Bid Form on behalf of the company.** _____ **Typed or Printed Name of Authorized Representative of the Bidder** _____ **Title/Position of Authorized Representative of the Bidder** _____ **Signature** _____ **Date**	