7 Form of Proposal

To: University of Connecticut
Procurement Services
3 Discovery Drive, Unit 6076
Storrs, CT 06269-6076

Due: _____

1. The undersigned proposer, in response to our Request for Proposal for a Consultant in our Entrepreneur-in-Residence program, having examined the proposal documents and being familiar with the conditions surrounding the proposed products and services, hereby proposes to provide such products and services meeting the requirements outlined in this Request for Proposal, in accordance with the proposal attached hereto.

2. Proposer acknowledges receipt of the following addenda which are a part of the bidding documents (if issued):

_____	_____	_____	_____
Addendum #1	addendum #2	addendum #3	addendum #4

These spaces may be left blank if no addenda were issued.

3. Proposer understands that the University reserves the right to reject any and all proposals, waive irregularities or technicalities in any offer, and accept any offer in whole or in part which it deems to be in its best interest.

4. Proposer agrees that this offer shall be good and may not be withdrawn for a period of 180 days after the public bid opening.

5. Proposer hereby certifies: (a) that this proposal is genuine and is not made in the interest of or on behalf of any undisclosed person, firm or corporation; (b) that the proposer has not directly or indirectly induced or solicited any other proposer to put in a false or sham bid; (c) that the proposer has not solicited or induced any person, firm or corporation to refrain from bidding; and (d) that the proposer has not sought by collusion to obtain any advantage over any other proposer or over the University.

6. Proposer agrees that the response to this bid is a legal and binding offer and the authority to make the offer is vested in the signer. Minor differences and informalities will be resolved by negotiation prior to acceptance of the offer.

7. Is proposer ***currently*** a State of Connecticut Small Business Enterprise and ***certified*** with DAS?
   Yes ( ) No ( ) (If yes, a Copy of the Certificate must be attached to your proposal)

8. Payment Terms: _____

9. Representative:
   Name:_____

   Telephone: _____
   Email:_____

   Years of Experience: _____

   Signed this _____ day of _____, 20_____

   Firm Name: _____

   Address: _____

   _____

   F.E.I.N. # _____

   Authorized Signature _____

   Print Name/Title: _____