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| **Submit Form I - SFTP Access Request Form to** [**ETFSMBProcurement@etf.wi.gov**](mailto:ETFSMBProcurement@etf.wi.gov) **to obtain instructions and access to the Department’s SFTP site.**  **Proposals must be submitted electronically only to the Department’s SFTP site. Please follow the instructions in the RFP Section 2.3.** | | Late Proposals will be rejected. Proposals MUST be received by ETF on or before the date and time that the Proposal is due. Proposals received after that time/date will be rejected. Receipt of a Proposal by the State mail system does not constitute receipt of a Proposal by ETF. Records will be available for public inspection after issuance of the notice of intent to award or the award of the Contract. The terms and conditions specified in the RFP apply to any subsequent Contract. | | | | | |
| Proposals MUST be loaded onto the Department’s SFTP site no later than:  **October 1, 2020 @ 2:00 PM CST** | | | | | Public Opening  No Public Opening |
| **PROPOSER** (Company Name and Address)  Click or tap here to enter text. | | Name (Contact for further information)  Joanne Klaas | | | | | |
| Phone  608-261-7247 | | | | Date  April 15, 2020 | |
| **Description** | | | | | | | |
| Request for Proposals (RFP):  **ETJ0045 – Third Party Administration of the State of Wisconsin Employee Trust Funds Uniform Dental Benefit**  RFP amendments, questions & answers will be posted on the ETF website at <https://etf.wi.gov/procurement> and will not be mailed.  **\*\*\* This page must be completed, signed and included with your Proposal \*\*\*** | | | | | | | |
| By signing this document I, an authorized representative of the Proposer named above, certify that my company has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a Proposal; that the Proposal we have submitted for this RFP (listed above) has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that our Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.  We will comply with all terms, conditions and specifications required by the State in the RFP (listed above) and all terms of our Proposal. | | | | | | | |
| Name of Authorized Company Representative (Type or Print):  Click or tap here to enter text. | Title:  Click or tap here to enter text. | | | Phone: Click or tap here to enter text. | | | |
| e-Mail: Click or tap here to enter text. | | | |
| Signature | Date: Click or tap here to enter text. | | Federal Employer Identification No.: Click or tap here to enter text. | | SS # if Sole Proprietor (voluntary): Click or tap here to enter text. | | |
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