**RFP** **ETJ0043**

**Third Party Administration of the State of Wisconsin Income Continuation Insurance (ICI) Program**

**Vendors planning to submit proposals for the above named RFP must complete and submit this form via email to** [**ETFSMBProcurement@etf.wi.gov**](mailto:ETFSMBProcurement@etf.wi.gov)**. This form must be completed and submitted no later than three (3) weeks prior to the Proposal due date specified in RFP Section 1.10 Calendar of Events.**

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| Request Type |
| Secure File Transfer Protocol (SFTP) provides electronic transmissions of data. To ensure you have capabilities to perform SFTP transmissions, you should discuss the system requirements with your information technology department. Please make sure you will be able to send data/upload proposal files even if you have a firewall on your system.  This Form is being used to add ETF SFTP site access for:  ⌧ Vendor requesting access for proposal submission |

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| Requestor Information |
| Vendor Name and Address: |
| Contact Name: |
| Contact Email: |
| Contact Phone Number: |

For ETF Use Only:

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| The ETF security team will email the BCAP requester below a Logon ID and temporary password for the vendor listed above. |
| ETF BCAP Requester: Beth Bucaida |

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| ETF Security Administrator Use Only |
| Logon ID |
| ETF Security Administrator Signature/Date |