

Application No.:
DCSS Service/Commodity:

LETTER OF OFFER



NAME OF OFFEROR:

ADDRESS (Including Zip):

PHONE #:

FAX #:

E-MAIL:

TAX ID #:

LSDBE CERTIFICATION #:

(APPLICANT NAME)_____ is offering to the District of Columbia similar products or services from the enclosed federal award base contract identified as: Contract No:_____ Contractor Name:_____
Federal Agency Name:_____.

(APPLICANT NAME)_____ accepts the DCSS Terms and Conditions and District of Columbia Standard Contract Provision for Use with District of Columbia Government Supply and Services Contracts (July 2010) without exception.

I hereby certify that during the term of the DCSS contract, (APPLICANT NAME)_____ will only provide qualified personnel who meet the educational and/or experience requirements that are stipulated for the classifications listed in the federal award base contract as identified herein.

Sincerely,

Name:_____ (Authorized Personnel)

Title:_____

Signature:_____ Date:_____