

**ROCKWOOD SCHOOL DISTRICT
REQUEST FOR PROPOSAL
Dental Administration Services**

RFP No.: RFP1019HRDENTAL

Issue Date: 1/8/2020

BELOW SIGNED INTENT TO QUOTE AND DATA REQUEST MUST BE RECEIVED NO LATER THAN: 1/13/2020 3:00 PM CST. INTENT AND REQUEST SHALL BE SUBMITTED TO: Ken.Summers@jwterrell.com.

Data will be sent electronically via secure email or shared site. The link to access the data will be sent to the contact listed below. Please include the full contact information for one (1) person who will be receiving the data at your Company:

Contact Name: _____

Contact Email: _____ **Contact Phone:** _____

The Proposer hereby declares understanding, agreement and certification of compliance to provide the items and or services, at the prices quoted, in accordance with all terms and conditions, requirements and specifications of the original Request for Proposal (RFP) and as modified by any addenda thereto. On behalf of _____, I confirm we intend to respond to the Dental Administration Services Request for Proposal.

I further acknowledge that any information supplied in conjunction therewith, submitted for the intent of providing services to Rockwood School District will become the property of Rockwood School District, and may be subject to disclosure under the Freedom of Information Act or applicable state law (known as open records law, public records law or sunshine law, Mo. Rev. Stat. Secs. 610.010 to 610.226), regardless of any confidentiality or non-disclosure agreement with Marsh & McLennan Agency.

SIGNATURE REQUIRED

Client Name: Rockwood School District		RFP No: RFP1019HRDENTAL
Authorized Signature		Date
Printed Name		Title
Company Name		
Mailing Address		
City, State, Zip		
Phone Number	Fax Number	Email Address