COVER LETTER

Date

Mr. Paul Rinaldi, on behalf of the Boston Consortium
Ethos
555 Amory Street
Jamaica Plain, MA 02130

Dear Mr. Rinaldi:

Attached is our organization's proposal for the provision of services to the clients of (**place a check next to each ASAP you are proposing to contract with**):

☐ Boston Senior Home Care (Lincoln Plaza, 89 South Street, Suite 501, Boston, MA, 02111)
☐ Central Boston Elder Services (2315 Washington Street, Boston, MA 02119)
☐ Ethos (555 Amory Street, Jamaica Plain, MA 02130).

To clarify any aspect of **[Enter Your Organization Name]** response, you may contact the following individual:

Name
Title
Telephone
Email

[Enter Your Organization Name] is the legal name under which the organization conducts business. As the authorized signatory for **[Enter Your Organization Name]** , I affirm that my organization is not under federal or state debarment. I further acknowledge, that I have read the relevant contract forms and required attachments for the service(s) **[Enter Your Organization Name]** proposes to provide, and I agree to comply with all of the terms contained therein. I understand that if I am awarded a contract through this procurement, I will be monitored against these requirements and must be able demonstrate that my organization is in compliance.

I certify that my proposal (select one):

A. ____ was written by an individual who **is** employed by (**Your Organization**);
B. ____ was written by an individual who **is not** employed by (**Your Organization**). Please enter the name of the person who prepared your proposal _____

Sincerely yours,

Signature Authorized Representative
[Name and Title, Type Here]