

REQUEST FOR PROPOSAL

INMATE MEDICAL SERVICES

RFP#20-770-19-06067

ACKNOWLEDGEMENT OF RECEIPT FORM

In acknowledgement of receipt of this request for proposal (RFP) the undersigned agrees that s/he has received a complete copy, beginning with the title page and table of contents, and ending with APPENDIX M.

The acknowledgement of receipt should be signed and returned to the procurement manager no later than **June 21, 2019**. Only potential contractors who elect to return this form completed with the indicated intention of submitting a proposal will receive copies of all contractor written questions and the written responses to those questions as well as RFP amendments, if any are issued.

FIRM: _____

REPRESENTED BY: _____

TITLE: _____ PHONE NO.: _____

E-MAIL: _____ FAX NO.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

This name and address will be used for all correspondence related to the Request for Proposal.

Firm does/does not (**circle one**) intend to respond to this Request for Proposal.

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