

PROPOSAL COVER SHEET

Lead Offeror

Name of Vendor:

Address:

Nature of organization

Individual

Partnership

Corporation

Private

Public

Nonprofit

Person authorized to execute the contract:

Phone:

Email:

Contact information for key project staff

Name and Title:

Role:

Phone:

Email:

Name and Title:

Role:

Phone:

Email:



Name and Title:

Role:

Phone:

Email:

Subcontractors (if any)

Subcontractor 1

Name of Vendor:

Address:

Nature of organization

Individual

Partnership

Corporation

Private

Public

Nonprofit

Lead Point of Contact:

Phone:

Email:

Subcontractor 2

Name of Vendor:

Address:

Nature of organization

Individual

Partnership

Corporation

Private

Public

Nonprofit

Lead Point of Contact:

Phone:

Email:

Subcontractor 3

Name of Vendor:

Address:

Street:

City, State, Zip Code:

Nature of organization

Individual

Partnership

Corporation

Private

Public

Nonprofit

Lead Point of Contact:

Phone:

Email:

References

Please list three references which MRA is authorized to contact. Please include past clients that can attest to the quality of timeliness of the Offeror's work.

1. Name:
Organization and Role:
Phone:
Email:
2. Name:
Organization and Role:
Phone:

Email:

3. Name:
Organization and Role:
Phone:
Email:

Receipt of Addenda

I attest to having received and reviewed the following addenda, as posted on the MRA website, <https://www.cabq.gov/mra/request-for-proposals>. (Please fill in addenda received in the spaces provided below)

Name (printed):

Signature:

Agreement to Required Terms

I attest to having read the terms as outlined in RFP 01-2026-RedevelopmentServices and agree to comply with all laws stated herein, including the required contract terms. This includes ability to carry the insurance levels specified.

Name (printed):

Signature: