

**LETTER OF TRANSMITTAL FOR REQUEST FOR GRANT PROPOSAL  
RFGP #34349-58724 (Page 1 of 2)**

I, \_\_\_\_\_, am legally authorized to bind \_\_\_\_\_ regarding  
**Name and Title** **Grantee Name**  
compliance with the following assurances and submission requirements. (If you are not the president or chair of the agency board of directors, you must attach written evidence showing authority to bind the Grantee.)

By indication of the authorized signature below, I hereby make certification and assurance of my organization's compliance with the following:

We assure that the proposal submitted by \_\_\_\_\_ meets all requirements in each section  
**Grantee Name**  
of this RFGP and shall remain valid for (six) 6 months after the proposal due date.

We assure that the proposal submitted by \_\_\_\_\_ was arrived at independently, without  
**Grantee Name**  
collusion with any other proposer, competitor, or employee of the Department of Health.

We assure that no amount shall be paid directly or indirectly to an employee of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to my organization in connection with this Request for Grant Proposal process.

Please provide the following information:

Complete legal entity as it appears on your corporate charter:

\_\_\_\_\_

The person to be contacted regarding this proposal:

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Please check Option 1 or Option 2 related to subcontracting:**

**OPTION 1**

We are proposing to use the following subcontractor(s). Attached is a complete mailing address for each subcontractor and the scope and portions of work the subcontractors will perform.

**OPTION 2**

We assure that we will not assign the Grant Contract awarded through this RFGP process or subcontract for any services performed under the Grant Contract awarded through this RFGP process.

**CONFLICT OF INTEREST**

We assure that neither our agency nor any individual who will perform services under this grant has a possible conflict of interest (e.g. employment by the State of Tennessee) other than those listed below.

We understand the State reserves the right to cancel an award if any interest disclosed from any source could either give the appearance of a conflict of interest or cause speculation as to the objectivity of the Grantee. Such determination regarding any questions of conflict of interest shall be solely within the discretion of the State.

Possible Conflicts of Interest: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

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**THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE LETTER OF TRANSMITTAL**

1. A current written bank reference, in the form of a standard business letter, signed and dated within the past three months indicating your business relationship with the financial institution is in positive standing.
2. Two current written, positive credit references, in the form of a standard business letter, signed and dated within the past three months from vendors with which we have done business; in lieu of such, documentation of a positive credit rating determined by an accredited credit bureau within the last 6 months.
3. A copy of a valid certification of insurance indicating liability insurance in an amount sufficient to cover any potential liability arising as a result of a grant pursuant to this RFGP.

Please select the Department of Health Region/s:

1. Mid-Cumberland – Four (4) clinics \_\_\_\_\_
  - a. Montgomery County
  - b. Rutherford County
  - c. Sumner County
  - d. Williamson County
  
2. Northeast – One (1) clinic \_\_\_\_\_
  - a. Northeast Regional Clinic
  
3. South Central – One (1) clinic \_\_\_\_\_
  - a. Maury County
  
4. Southeast – One (1) clinic \_\_\_\_\_
  - a. Southeast Regional Clinic
  
5. Upper Cumberland – One (1) clinic \_\_\_\_\_
  - a. Upper Cumberland Regional Clinic
  
6. West Tennessee – As needed: \_\_\_\_\_
  - a. West Tennessee Regional Clinic