

PROPOSAL: INDIGENT DEFENSE SERVICES

FORM A: PROPOSAL COVER SHEET

IDENTIFICATION

Name of Proposer: _____

Address: _____

City

Zip

Telephone No.: _____ FAX: _____

Authorized representative and/or contact

Name: _____

Address: _____

City

Zip

Telephone No.: _____ FAX: _____

STATEMENT OF CERTIFICATION AND COMPLIANCE

The undersigned certifies the truth and accuracy of the content of this proposal and agrees to furnish the services stipulated at the prices and terms stated in this proposal and fully comply with all provisions of this bid if the contract is awarded.

SIGNATURE OF LEAD ATTORNEY(S)

Signed by Name: _____

Title: _____

Date: _____

Signature