

APPENDIX A

PROPOSAL COVER SHEET  
COMMONWEALTH OF PENNSYLVANIA  
Public School Employees' Retirement System  
RFP# 2024-02 Health Care Plan Consulting and Management Services  
The proposal of the Offeror identified below for the above-referenced RFP is submitted  
comprised of separate files for Technical, Cost and SDB/VBE

Offeror Information:	
Offeror Name	
Offeror Mailing Address	
Offeror Website	
Offeror Contact Person	
Contact Person's Phone Number	
Contact Person's E-Mail Address	
Offeror Federal ID Number	
Offeror SAP/SRM Vendor Number	

Electronic Submittals Enclosed:	
<input type="checkbox"/>	<b>Technical Proposal Submittal</b>
<input type="checkbox"/>	Domestic Workforce Utilization Certification
<input type="checkbox"/>	Iran-Free Procurement Certification
<input type="checkbox"/>	Trade Secret Confidential Proprietary Information Notice
<input type="checkbox"/>	Worker Protection and Investment Certification Form
<input type="checkbox"/>	<b>SDB / VBE Submittal</b>
<input type="checkbox"/>	Small Diverse Business Participation Submittal
<input type="checkbox"/>	Veteran Business Enterprise Participation Submittal
<input type="checkbox"/>	<b>Cost Submittal</b>

<b>Signature:</b> _____
Signature of an official authorized to bind the Offeror to the provisions contained in the Offeror's proposal:
Printed Name:
Title:

**FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM WITH THE OFFEROR'S PROPOSAL MAY RESULT IN THE REJECTION OF THE OFFEROR'S PROPOSAL**