

**AMENDMENT NO. 1**

**STATE OF NEW MEXICO  
NEW MEXICO HIGHER EDUCATION DEPARTMENT (NMHED)**

**PROFESSIONAL SERVICES  
REQUEST FOR PROPOSALS (RFP)**

**NMHED  
Tribal Education Technical Assistance Centers**



**AMENDMENT NO. 1**

**RFP# 24-95000-91-00039**

Amendment Release Date: <December 7, 2023>

RFP Release Date: <December 1, 2023>

Proposal Due Date: <December 22, 2023>

This Amendment No. 1 serves to correct the RFP# on APPENDIX A and APPENDIX E.

## APPENDIX A

### REQUEST FOR PROPOSAL

Tribal Education Technical Assistance Centers

24-95000-91-00039

#### ACKNOWLEDGEMENT OF RECEIPT FORM

This optional Acknowledgement of Receipt Form establishes a distribution list to be used for the distribution of written responses to questions, and/or any amendments to the RFP. Failure to return the Acknowledgement of Receipt Form does not prohibit potential Offerors from submitting a response to this RFP. However, by not returning the Acknowledgement of Receipt Form, the potential Offeror's representative shall not be included on the distribution list, and shall be solely responsible for obtaining from the Procurement Library (Section I.G.) responses to written questions and any amendments to the RFP.

The information below shall be used for all correspondence related to the Request for Proposal. Only one contact per Offeror is permitted.

ORGANIZATION: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Submit Acknowledgement of Receipt Form to:**

To: Cecilia Roybal, Procurement Manager

E-mail: Cecilia.Roybal@hed.nm.gov

Subject Line: Tribal Education Technical Assistance Centers

24-95000-91-00039

## **APPENDIX E**

### **Letter of Transmittal Form**

Please complete this form in its entirety. Failure to **sign and/or submit** this form shall result in the disqualification of Offeror's proposal.

**RFP#: 24-95000-91-00039**

**1. Identify the following information for the submitting organization:**

<b>Offeror Name</b>	
<b>Mailing Address</b>	
<b>Telephone</b>	
<b>FED TIN#</b>	
<b>NM BTIN#</b>	

**2. Identify the individual(s) authorized by the organization to (A) contractually obligate, (B) negotiate, and/or (C) clarify/respond to queries on behalf of this Offeror:**

	<b>A Contractually Obligate</b>	<b>B Negotiate*</b>	<b>C Clarify/Respond to Queries*</b>
<b>Name</b>			
<b>Title</b>			
<b>E-mail</b>			
<b>Telephone</b>			

\* If the individual identified in Column A also performs the functions identified in Columns B & C, then no response is required for those Columns. If separate individuals perform the functions in Columns B and/or C, they must be identified.

**3. Shall any subcontractor/s be used in the performance of any resultant contract? (Select one):**

\_\_\_ No.  
 \_\_\_ Yes. Identify subcontractor/s: \_\_\_\_\_

**4. Shall any other entity/-ies (such as a State Agency, reseller, etc., that is not a subcontractor identified in #3 above) be used in the performance of any resultant contract? (Select one)**

\_\_\_ No.  
 \_\_\_ Yes. Identify entity/-ies: \_\_\_\_\_

**By signing the form below, the Authorized Signatory attests to the accuracy and veracity of the information provided on this form, and explicitly acknowledges the following:**

- On behalf of the submitting-organization identified in item #1, above, I accept the Conditions Governing the Procurement, as required in Section II.C.1. of this RFP;
- I concur that submission of our proposal constitutes acceptance of the Evaluation Factors contained in Section V of this RFP; and
- I acknowledge receipt of any and all amendments to this RFP, if any.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

*(Must be signed by the individual identified in item #2.A, above.)*