

**RFQ NO. 606618-23 Skilled Nursing Facility**

**Cover Letter**

Company Name:

Contact Name:

\_\_\_\_\_  
initials      Declares all information provided therein does not include any Confidential  
Proprietary and/or Private information as identified in this RFQ.

\_\_\_\_\_  
initials      This statement supersedes and nullifies any page in the Submittal that may be  
marked as Confidential, Proprietary, and/or Private and acknowledge that the  
Submittal will become Public Information upon award.

The statement must be signed by the RESPONDENT'S Authorized Representative.  
Failure to provide such declaration may be deemed as grounds for the return of the unread  
Submittal.

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Authorized Representative Signature

Date