

**Exhibit A1  
LETTER OF SUBMITTAL & MINIMUM QUALIFICATIONS (M)**

**BIDDER NAME:**

This information is mandatory required information to pass the administrative review etc.

INFORMATION	RESPONSE
Business Name Address Telephone Number Email Address	
Provide Business' Principal Place of Business	
Provide business' legal Status (sole proprietorship, partnership, corporation, etc.), state in which business structure was established, and the year the entity was organized to do business	
Provide primary Contact (principal contact's name, address, telephone number, and email address)	
Provide the Account Manager (serves as the focal point for business matters and administrative activities – name address, telephone number, and email address)	
Provide the name of the person and title of the person signing this letter and who is authorized to contractually bind the Bidder firm.	
Is the Bidder using subcontractors to provide any elements of services indicated in this document?	Yes <input type="checkbox"/> No <input type="checkbox"/>  ➤ Provide subcontractor(s) name and role(s)

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<p>Does the Bidder or its proposed subcontractor(s) meet the minimum qualifications and requirements of this solicitation, and acknowledge it has read, understands, and fully complies with the requirements in this solicitation?</p>	<p>Yes <input type="checkbox"/>          No <input type="checkbox"/></p>
<p>Is the Bidder licensed to conduct business in Washington State or able to commit to becoming licensed in Washington State within thirty (30) calendar days of being selected as the Apparent Successful Bidder?</p>	<p>Yes <input type="checkbox"/>          No <input type="checkbox"/></p>
<p>Has the Bidder been in business for a minimum of two (2) years?</p>	<p>Yes <input type="checkbox"/>          No <input type="checkbox"/></p>
<p>Has Bidder been debarred from government contracts?</p>	<p>Yes <input type="checkbox"/>          No <input type="checkbox"/></p>
<p>Has Bidder participated in the Schools &amp; Libraries Program (commonly known as E-rate) of the Universal Service Administrative Company (USAC)?</p>	<p>Yes <input type="checkbox"/>          No <input type="checkbox"/></p>
<p>Is the Bidder in good standing with the USAC?</p>	<p>Yes <input type="checkbox"/>          No <input type="checkbox"/></p>
<p>Provide Bidder's current Service Provider Identification Number (SPIN)</p>	
<p>Is the Bidder a Telecommunication Services Form 499 filer or an eligible Telecommunications provider in accordance with FCC Rules?</p>	<p>Yes <input type="checkbox"/>          No <input type="checkbox"/></p>

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**BIDDER NAME:**

<p>Provide a list of all RFQ addenda downloaded by the Bidder from WEBS and listed in order by addenda number and date. If there are no RFQ addenda, the Bidder must include a statement to that effect.</p>	
<p>Identify the page number(s) within Bidder's proposal that are marked "proprietary" or "confidential".</p>	
<p><u>Current or previous contract or project work:</u></p> <p>If the Bidder or any subcontractor contracted with the state of Washington during the past 24 months, indicate the name of the agency, the contract number and project description and/or other information available to identify the contract.</p>	<p>Yes <input type="checkbox"/>          No <input type="checkbox"/></p> <p><i>(for each person, include name, agency(ies), title/role, and project description.)</i></p>
<p><u>Current or former State employees:</u></p> <p>If the Bidder's staff or subcontractor's staff was an employee of the state of Washington during the past 24 months, or is currently a Washington State employee, identify the individual by name, the agency previously or currently employed by, job title or position held and separation date.</p>	<p>Yes <input type="checkbox"/>          No <input type="checkbox"/></p> <p><i>(for each person – include name, agency(ies), job title, separate date or list current employee)</i></p>
<p>If Bidder or proposed Subcontractor is certified by the state of Washington as a minority-owned firm and/or women-owned firm, include proof of certification issued by the Washington State Office of Minority and Women's Business Enterprises (OMWBE).</p>	<p>Yes <input type="checkbox"/>          No <input type="checkbox"/></p> <p><i>Certification #          Date Issued</i></p>

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**BIDDER NAME:**

Provide a statement attesting to the truthfulness and accuracy of Bidder Response in <i>Attachment A – Ethernet Performance and Service Requirements</i> .	
Provide a statement that Bidder accepts the terms and conditions of this RFQ.	

By signing this document, Bidder certifies and attests to the truthfulness of its responses.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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