

## **EXHIBIT A-2 TRANSMITTAL LETTER**

All respondents to this solicitation shall utilize **Exhibit A-2**, Transmittal Letter, for submission of its response. **Exhibit A-2** is available for respondents to download at:  
<https://www.floridahealth.gov/about/administrative-functions/purchasing/index.html>.

**DATE:** Click or tap to enter a date.

**RESPONDENT NAME:**

**RESPONDENT ADDRESS:**

**RESPONDENT FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEID):**

The respondent shall provide an official contact and an alternate contact. Both the official contact person and the alternate contact person must have the authority to bind the respondent to a contract. Both person's signatures must be included.

**OFFICIAL CONTACT PERSON:**

**NAME:**

**TITLE:**

**ADDRESS:**

**EMAIL ADDRESS:**

**TELEPHONE NUMBER:**

**SIGNATURE:** \_\_\_\_\_

**ALTERNATE CONTACT PERSON:**

**NAME:**

**TITLE:**

**ADDRESS:**

**EMAIL ADDRESS:**

**TELEPHONE NUMBER:**

**SIGNATURE:** \_\_\_\_\_

Failure to submit, Exhibit A-2, Transmittal Letter, signed by authorized officials who each have the authority to bind the respondent to a contract, may result in the rejection of response. If the respondent is invited to negotiations, at least one authorized official listed above must be present at each negotiation session.