REQUEST FOR PROPOSAL (RFP)

RFP No. 13-03-07
Issue Date: October 30, 2012
Commodity Code: 94807, 95856, 94848, 95348, 95861, 95352, 91867, 91787, 95380, 95360, 95348, 91866

Title: HEALTHCARE CONSULTING SERVICES

Issued By: **City of Roanoke**
Purchasing Division
Noel C. Taylor Municipal Building
215 Church Ave., SW, Room 202
Roanoke, VA 24011-1517
Phone (540) 853-2871
FAX (540) 853-1513
Email: Sharon.Lewis@roanokeva.gov

Sealed proposals will be received <u>on or before</u> **2:00 P.M., November 21, 2012** for furnishing the services and/or items described herein. The time of receipt shall be determined by the time clock stamp in the Purchasing office.

All questions must be submitted before 5:00 p.m., November 14, 2012. If necessary, an addendum will be issued in the form of a facsimile and posted to the City's Vendor Self Service web site at https://VSS.roanokeva.gov.

If proposals are mailed, send directly to the Purchasing Division at the address listed above. If hand delivered, deliver to the Purchasing Division at Noel C. Taylor Municipal Building, 215 Church Ave., SW, Room 202, Roanoke, VA.

THIS PUBLIC BODY DOES NOT DISCRIMINATE AGAINST FAITH-BASED ORGANIZATIONS.

The City reserves the right to cancel this RFP and/or reject any or all proposals and to waive any informalities in any proposal.

This section is to be completed by the Offeror and this page must be returned with the proposal. In compliance with this request for proposal and subject to all terms and conditions imposed herein, which are hereby incorporated herein by reference, the undersigned offers and agrees to furnish the services and/or items requested in this solicitation if the undersigned is selected as the successful Offeror. No proposal may be withdrawn for a period of sixty (60) days after the opening of the proposal, except as provided in the RFP.

Legal Name and Address of Firm (according to your registration with the SCC):REQUIRED

_____   Date:_____

_____   By:_____
                                                            (Signature in Ink)
_____   Name:_____
                                                            (Please Print)
_____ Zip:_____   Title:_____

Phone:_____   FAX:_____

Email:_____   Business License# _____

Virginia State Corporation Commission Identification Number:_____