**STATEMENT OF NO BID**

If, for any reason, you are unable or unwilling to quote at this time, please complete the following and return by e-mail to [DJOSEPH@TeamHCSO.com](mailto:DJOSEPH@TeamHCSO.com) or by fax at (813) 242-1826. Your choices or comments below will assist us in properly notifying you of future opportunities.

We, the undersigned, have declined to respond to RFP 2022-012 for the following reason(s):

SPECIFICATIONS NATURE OF AWARD

|  |  |
| --- | --- |
| \_\_\_\_\_ Specifications are too "tight" (i.e., limited to one brand or manufacturer) | \_\_\_\_\_ Insufficient time was provided for response |
| \_\_\_\_\_ Unable to meet specifications | \_\_\_\_\_ Product or an equivalent is not offered |
| \_\_\_\_\_ Specifications are unclear | \_\_\_\_\_ Other |

Please provide an explanation:

|  |
| --- |
|  |
|  |
|  |

We request to:

\_\_\_\_\_\_ remain on HCSO’s list for future solicitations in this service category.

\_\_\_\_\_\_ be removed from HCSO’s list for future solicitations in this service category.

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_