EAST-WEST GATEWAY
Council of Governments
Creating Solutions Across Jurisdictional Boundaries

ATTACHMENT D
Purchase Order Terms & Conditions Comments

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Creating Solutions Across Jurisdictional Boundaries

Respiratory Equipment Masks IFB # 2023IFB1-MASKS

Use this form to notify the Council about any concerns you may have about the draft purchase order (PO) terms and conditions. The draft PO terms and conditions can be found as Appendix 1 on the Council's website at www.ewgateway.org/about-us/what-we-do/doing-business-with-ewg/contracting-opportunities/. These concerns can include, but are not limited to: questions, comments, or requests for changes.

If the draft PO terms and conditions are acceptable and you do not have any questions, comments, or requests for changes, please check the "No" box.

If you have any questions, comments, or request for changes please check the "Yes" box and use the space provided below to explain your concerns. Please make sure that you reference the applicable contract Paragraph and Part number.

This form must be signed and returned to the Council with your sealed bid.

It is the responsibility of each responding firm to review the draft PO terms and conditions. The Council may not consider a firm's requests for changes to the PO terms and conditions if the firm's concerns are not noted on this form. It is within the Council's sole discretion to consider requests for changes that the selected firm did not include on this form.

It is within the Council's discretion to decide whether or not to change any PO terms and conditions, even if concerns are noted on this form. Any terms that are required by state or federal rules, regulations, or statutes or by the Council's agreement with a funding agency are not negotiable and are not subject to change.

☐ No - The firm does not have any questions, comments, or requests for changes.

☐ Yes - The firm has a question, comment, or request for a change as noted below.

Responding Firm _____

Name & Title of Authorized Official _____

Signature of Authorized Official _____

Date _____