

**HARRIS COUNTY DEPARTMENT OF EDUCATION
EXECUTION OF OFFER**

The undersigned Respondent has carefully examined all instructions, requirements, specifications, terms and conditions of this RFP/RFQ/CSP and certifies:

- 1) It is a reputable company regularly engaged in providing products and/or services necessary to meet requirements, specifications, terms and conditions of the RFP/RFQ/CSP.
- 2) It has the necessary experience, knowledge, abilities, skills, and resources to satisfactorily perform the requirements, specifications, terms and conditions of the RFP/RFQ/CSP. Further, if awarded the Respondent agrees to perform the requirements, specifications, terms and conditions of the RFP/RFQ/CSP.
- 3) All statements, information and representations prepared and submitted in response to this RFP/RFQ/CSP are current, complete, true, and accurate. Respondent acknowledges that HCDE will rely on such statements, information and representations in selecting the successful Respondent(s).
- 4) It is not currently barred or suspended from doing business with the Federal government, any of the members represented, or any of their respective agencies.
- 5) It shall be bound by all statements, representations, warranties, and guarantees made in its proposal.
- 6) Submission of a proposal indicates the Respondent's acceptance of the evaluation technique and the Respondent's recognition that some subjective judgments may be made by HCDE and its membership as part of the evaluation.
- 7) That all of the requirements of this RFP/RFQ/CSP have been read and understood. In addition, compliance with all requirements, terms and conditions will be assumed by HCDE if not otherwise noted in the proposal.
- 8) The individual signing below has authority to enter into this on behalf of Respondent.
- 9) Respondent acknowledges that the Agreement may be canceled if any conflict of interest or appearance of a conflict of interest is discovered by HCDE.
- 10) This contract is subject to purchase orders duly authorized and executed by HCDE.

CORPORATE NAME:	Retrain America		
AUTHORIZED SIGNATURE:	<i>Daphney Kirby</i>		
PRINT NAME:	Daphney Kirby		
TITLE:	Director		
DATE:	11/30/21		
ADDRESS:	8411 Storm Creek Court		
CITY, STATE, ZIP CODE:	Houston, TX 77084		
PHONE:	281-934-4750	FAX:	
EMAIL ADDRESS:	Kirbyd@mpeds.us		

This Section to be Completed by HCDE

Contract Number: _____ Term of contract: _____ to _____

Unless otherwise stated, all contracts are for a period of _____ year(s).

Approved by Harris County Department of Education:

Jesus J. Amezcua, Ph.D., CPA, RTSBA
Assistant Superintendent for Business Services

Board Approval Date