Statement of DEVIATIONS AND EXCEPTIONS *ITEM # SDE*

Proposer(s) has reviewed the RFP and other Requirements in their entirety and has the following exceptions and deviations, or objections:

(Please list your exceptions, deviations, or objections by indicating the section or paragraph number, and page number, as applicable. If none, state “None.” Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully. Be specific about your objections to content, language, or omissions. Add as many pages as required. Please insert this form after the cover letter in your submission.) DHHS may allow proposers to modify, correct or remove any deviations and exceptions after the proposal due date if deemed to be in the best interest of DHHS, or reject proposed deviations and exceptions and deem the Proposer’s proposal to be nonresponsive.

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_