

Attachment B

Massachusetts Technology Collaborative

Authorized Respondent's Signature and Acceptance Form

The undersigned is a duly authorized representative of the Respondent listed below. The Respondent has read and understands the Solicitation requirements. The Respondent acknowledges that all of the terms and conditions of the Solicitation are mandatory. By executing this Authorized Respondent's Signature and Acceptance Form, Respondent certifies that they (1) are in compliance with the terms, conditions and specifications contained in this Solicitation, (2) acknowledges and understands the procedures for handling materials submitted to the Mass Tech Collaborative as set forth above, (3) agrees to be bound by those procedures, and (4) agrees that the Mass Tech Collaborative shall not be liable under any circumstances for the disclosure of any materials submitted to the Mass Tech Collaborative pursuant to this Solicitation or upon the Respondent's selection.

The Respondent understands that, if selected by the Mass Tech Collaborative, the Respondent and Mass Tech Collaborative will execute an Agreement specifying the mutual requirements of participation. The undersigned has either (*please check one*):

specified exceptions and counter-proposals to the terms and conditions of the sample **Subaward Grant Agreement** (Federally Funded); or

agrees to the terms and conditions set forth therein;

The undersigned acknowledges and agrees that the failure to submit exceptions and counter-proposals with this response shall be deemed a waiver, and the Agreement shall not be subject to further negotiation.

Respondent agrees that the entire bid response will remain valid for sixty (60) days from receipt by the Mass Tech Collaborative.

I certify that Respondent is in compliance with all corporate filing requirements and State tax laws.

I further certify that the statements made in this response to the Solicitation, including all attachments and exhibits, are true and correct to the best of my knowledge.

Respondent:
(Printed Name of Respondent)

By:
(Signature of Authorized Representative)

Name:

Title:

Date: