



**ATTACHMENT RFP 6 - ENHANCED FILE TRANSFER (EFT)
ACCESS REQUEST FORM**

(Please Print All Information)

Instructions

All Proposers responding to this **RFP #DMH-1109B2** must complete and return this form no later than **December 09, 2009**, in order to request and receive access to a Enhanced File Transfer (EFT) account. County will provide the contact person listed below with a User ID, internet link to County's EFT site, and upload instructions for the electronic copy submission of the proposal via e-mail. **For user authentication and security purposes, passwords will be provided via telephone communication.** Proposer shall complete all of the following information, date and sign this form and mail or fax to the following:

Department of Mental Health
Chief Information Office Bureau
695 South Vermont Avenue, 7th Floor Reception Room
Los Angeles, CA 90005
Attn: Dixie Marin, Contract Analyst
Fax: (213) 252-8884

ELECTRONIC SUBMISSIONS OF THIS FORM WILL NOT BE ACCEPTED

Proposer's Organization

Proposer's Organization: _____
Address: _____
Contact Person: _____ Title: _____
E-Mail Address: _____ Telephone Number: _____

Authorization

Proposer and the named signatory to this document in his or her individual capacity each represents and warrants that the individual named below is a duly authorized representative of Proposer with all legal rights and authority necessary to sign on behalf of the Proposer in order to receive access to EFT.

**On behalf of _____, I declare under penalty of
(Proposer's Name)
perjury that the foregoing is true and correct.**

Proposer's Name: _____
Signature: _____
Print Name of Authorized Signatory: _____
Title of Authorized Signatory: _____
Date: _____