AGENCY FOR WORKFORCE INNOVATION

INVITATION TO NEGOTIATE

Solicitation Acknowledgement Form

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AGENCY RELEASE DATE: May 14, 2010

SUBMIT RESPONSE TO:
Agency for Workforce Innovation
Office of Procurement and Contract Administration
107 East Madison Street, B-047
Tallahassee, Florida 32399-4128
Telephone Number: 850-245-7455

SOLICITATION TITLE: **Unemployment Compensation Claims and Benefits Information System Design, Development, and Implementation**

SOLICITATION NO: **10-ITN-001-SS**

RESPONSES WILL BE OPENED: **July 16, 2010, 3:00 p.m., EST**

and may not be withdrawn within **365** days after such date and time.

RESPONDENT NAME:	**Deloitte Consulting LLP**
RESPONDENT MAILING ADDRESS:	**1203 Governor's Square Boulevard, Suite 400**
CITY – STATE – ZIP:	**Tallahassee, FL 32301**
PHONE NUMBER:	**+1 612 397 4608**
TOLL FREE NUMBER:	
FAX NUMBER:	**+1 612 692 4608**
EMAIL ADDRESS:	**dminkkinen@deloitte.com**
FEID NO.:	**06-1454513**

*AUTHORIZED SIGNATURE (MANUAL)

David Minkkinen, Principal

*AUTHORIZED SIGNATURE (TYPED), TITLE

***This individual must have the authority to bind the Respondent.**

TYPE OF BUSINESS ENTITY (Corporation, LLC, partnership, etc.): **Limited Liability Partnership**

I certify that this Response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this response and certify that I am authorized to sign this response for the Respondent and that the Respondent is in compliance with all requirements of the Invitation to Negotiate, including but not limited to, certification requirements. In submitting a response to an agency for the State of Florida, the Respondent offers and agrees that if the response is accepted, the Respondent will convey, sell, assign or transfer to the State of Florida all rights, title and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by the State of Florida. At the State's discretion, such assignment shall be made and become effective at the time the purchasing agency tenders final payment to the Respondent.

RESPONDENT CONTACTS: Please provide the name, title, address, telephone number and e-mail address of the official contact and an alternate, if available. These individuals shall be available to be contacted by telephone or attend meetings as may be appropriate regarding the solicitation schedule.

PRIMARY CONTACT:		**SECONDARY CONTACT:**	
NAME, TITLE:	**David Minkkinen, Principal**	NAME, TITLE:	**John Hugill**
ADDRESS:	**50 S 6th St. Ste. 2800, Minneapolis, MN 55402**	ADDRESS:	**1203 Governor's Sq. Blvd, Ste 400, Tallahassee, FL 32301**
PHONE NUMBER:	**+1 612 397 4608**	PHONE NUMBER:	**+1 850 521 4816**
FAX NUMBER:	**+1 612 692 4608**	FAX NUMBER:	**+1 404 890 9556**
EMAIL ADDRESS:	**dminkkinen@deloitte.com**	EMAIL ADDRESS:	**jhugill@deloitte.com**

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