	RFP No: 1907
To	**The State of Nevada on behalf of the Western States Contracting Alliance (WSCA)**
For	**Part II – Cost Proposal for: "Wireless Voice Service, Wireless Broadband Service, Accessories and Equipment"**
	Wireless Voice Service
Date	**Proposal Opening Date: April 4, 2011** **Proposal Opening Time: 2:00 PM**
Offeror	**AT&T Mobility National Accounts LLC, dba AT&T Mobility** **1025 Lenox Park Blvd NE 5D46** **Atlanta, GA 30319**

Limited Rights Legend

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Contractor: AT&T Mobility National Accounts LLC dba AT&T Mobility (“AT&T”).

Tab II. Cost Proposal

5.1 *Vendors must provide detailed pricing for all costs associated with the responsibilities and related services. Clearly specify the nature of all expenses anticipated. Vendors must also state the discount percentage from their product line's price for other items. This discount percentage may be considered during the award of this contract. Percentage off balance of the line must be listed in the cost proposal. See Attachment H, Pricing Schedules.*

AT&T Response:

Attached are AT&T's pricing schedules and voice rate plan detailed descriptions

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Tab III. Attachment B2. Cost Proposal Certification of Compliance with Terms and Conditions of RFP

I have read, understand and agree to comply with the terms and conditions specified in this Request for Proposal.

YES _____ I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

In order for any exceptions and/or assumptions to be considered they **MUST** be documented in detail in the tables below. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. Vendors must be specific. Nonspecific exceptions or assumptions may not be considered. If the exception or assumption requires a change in the terms or wording of the contract, the scope of work, or any incorporated documents, vendors must provide the specific language that is being proposed in the tables below.

_____
Company Name

_____
Signature

_____ _____
Print Name Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

RFP SECTION NUMBER	***RFP PAGE NUMBER***	***EXCEPTION (Complete detail regarding exceptions must be provided)***
n/a	***n/a***	***n/a***

ASSUMPTION SUMMARY FORM

RFP SECTION NUMBER	***RFP PAGE NUMBER***	***ASSUMPTION (Complete detail regarding assumptions must be provided)***
Attachment H, Pricing Schedules	***n/a***	***The State is eligible for prices as shown in the respective 1907 attachments as well as generally available products and services which are made available during the Term of the Agreement. Such products and services are subject to change during the Term of the Agreement.***

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