**Appendix A: 24-25 Intent to Submit Form**

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| **PUBLISHER INFORMATION:** Please type information. | | | | | |
| **Official Company Name** |  | | | | |
| **Name of  Company Official** |  | **Title** | | |  |
| **Address** |  | | | | |
| **Telephone Number** |  | | **Fax Number** | |  |
| **Email Address** |  | | **Website** | |  |
| **RATING COMMITTEES:** Indicate the number of products for each area in which the company intends to submit. Add rows as necessary. | | | | | |
| **Course Name** |  | | **Grade Level(s)** | |  |
| **PUBLISHER CONTACT:** Indicate the person who should receive correspondence regarding bids and contacts: | | | | | |
| **Name** |  | | | **Title** |  |
| **Telephone Number** |  | | | **E-mail Address** |  |
| **Indicate the person who should receive correspondence regarding sampling:** | | | | | |
| **Name** |  | | | **Title** |  |
| **Telephone Number** |  | | | **E-mail Address** |  |
| **Indicate the person who should receive correspondence regarding SHAREPOINT access:** | | | | | |
| **Name** |  | | | **Title** |  |
| **Telephone Number** |  | | | **E-mail Address** |  |
| **Indicate the state/local representative(s) in Mississippi:** Add rows as necessary. | | | | | |
| **Name** |  | | | **Title** |  |
| **Telephone Number** |  | | | **E-mail Address** |  |
| **Indicate the person who should receive correspondence regarding NIMAS\* files:** | | | | | |
| **Name** |  | | | **Title** |  |
| **Telephone Number** |  | | | **E-mail Address** |  |

\*National Instructional Materials Accessibility Standard

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| **PUBLISHER CERTIFICATION** | | |
| **I HEREBY CERTIFY** that I am an officer of the aforementioned publishing company and that I have been empowered by that company to complete this Statement of Intent to Bid in the current instructional materials adoption cycle.  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |
| *Above Named Official Signature* |  | *Date* |