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

|  |
| --- |
| **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

|  |
| --- |
| **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* |