**STATEMENT OF NO BID**

If you are not responding to this service/commodity, please complete and return ***only*** this form to: Sahuarita Unified School District #30, 350 W. Sahuarita Road, Sahuarita, AZ 85629 or fax it to the attention of the Purchasing Department at (520) 625-4609 or email to lhuie@sahuarita.net & cchatterton@sahuarita.net . (Please print or type, except signature.)

Failure to respond may result in deletion of Offeror’s name from the qualified Bidder's list for the Sahuarita Unified School District #30.

COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_\_\_\_\_\_ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We, the undersigned, have declined to respond to your RFP 2020-1 for Dental & Life Insurance Services because of the following reasons:

Service/Commodity

\_\_\_\_\_\_\_\_\_\_ We do not offer this product or the equivalent.

\_\_\_\_\_\_\_\_\_\_ Insufficient time to respond to this solicitation.

\_\_\_\_\_\_\_\_\_\_ Remove our name from this list only.

\_\_\_\_\_\_\_\_\_\_ Our product schedule would not permit us to perform.

\_\_\_\_\_\_\_\_\_\_ Unable to meet all insurance requirements

.

\_\_\_\_\_\_\_\_\_\_ Other. (Specify below)

REMARKS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_