ATTACHMENT BB AGENCY ACCEPTANCE OF DELIVERABLE FORM

Agency Name: Department of Human Resources

RFP Title: Electronic Benefits Transfer System and Support

Contract Manager: Joe May 410-238-3563

To:

The following deliverable, as required by # **OTHS/EBT-14-001-S** has been received and reviewed in accordance with the RFP.

Title of deliverable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RFP Contract Reference Number: Section # \_\_\_\_\_\_\_\_\_\_

Deliverable Reference ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This deliverable:

 Is accepted as delivered.

 Is rejected for the reason(s) indicated below.

REASON(S) FOR REJECTING DELIVERABLE:

OTHER COMMENTS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Manager Signature Date Signed