# ATTACHMENT A

## COVER LETTER TEMPLATE

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| --- | --- | --- |
| **Date:** |  |  |
|  |  |  |
| **Applicant:** |  | **Phone:** |  |
| **Address:** |  | **Fax:** |  |
|  |  | **Email:** |  |
|  |  | **Web:** |  |
| **Project****Contact:** |  | **Title:** |  |
|  |  |  |  |
| **Minimum Qualifications Required to Submit Proposal:****Yes / No**[ ]  / [ ]  Are you legally authorized to do business in the State of California?[ ]  / [ ]  Do you maintain a regular place of business in the State of California?[ ]  / [ ]  Do you have a minimum of five (5) years of experience in media communications services?[ ]  / [ ]  Do you have prior experience working with government agencies? |