

REQUEST FOR PROPOSALS 2024-038

APPENDIX B CONTRACT EXCEPTIONS AND ASSUMPTIONS FORM

KITSAP COUNTY PURCHASING OFFICE

614 Division St., MS-7 Port Orchard, WA 98366

Phone: (360) 337-4789 Email: purchasing@kitsap.gov

CONTRACT EXCEPTIONS AND ASSUMPTIONS

OFFEROR'S BUSINESS NAME

The County does not intend to make changes to the terms and conditions of the solicitation, unless necessary to clarify the scope of work and technical requirements. Failure to accept the terms and conditions may result in an offer being deemed non-responsive. All Exceptions and/or Assumptions taken to any terms, conditions, and specifications of the solicitation and associated documents must be clearly identified on the table below and returned with the offer. Unallowable or questionable Exceptions and/or Assumptions may cause an offer to be non-responsive. Exceptions or Assumptions noted elsewhere in the solicitation and not specified on this form will be considered void and may disqualify the offer. All cells below must be completed for each Exception and Assumption.

OFFEROR EXCEPTIONS AND ASSUMPTIONS (please check one)			
	No exceptions. Offeror is not requesting exceptions to this solicitation and associated documents		
	Offeror requests the exceptions and/or assumptions identified below:		
SPECIFICALLY DESCRIBE ALL EXCEPTIONS AND ASSUMPTIONS (attach additional pages if needed)			
1.	Solicitation Section and Page:		
	Describe Exception or Assumption:		
	Explain this as an Issue:		
	Proposed Modification:		
2.	Solicitation Section and Page:		
	Describe Exception or Assumption:		
	Explain this as an Issue:		
	Proposed Modification:		
3.	Solicitation Section and Page:		
	Describe Exception or Assumption:		
	Explain this as an Issue:		
	Proposed Modification:		



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4.	Solicitation Section and Page:		
	Describe Exception or Assumption:		
	Explain this as an Issue:		
	Proposed Modification:		
5.			
	Explain this as an Issue:		
	Proposed Modification:		
6.			
	Proposed Modification:		
7.	Solicitation Section and Page:		
	· -		
	Proposed Modification:		
Signature of Authorized Representative		Name of Authorized Representative (Print)	
Date			

END OF CONTRACTS EXCEPTIONS AND ASSUMPTIONS FORM