

ATTACHMENT A

General Lockbox Network Invitation for Expressions of Interest Notice of Intention to Respond

This Notice of Intention to Respond serves as notice of [Financial Institution Name] intent to submit a response to the Invitation for Expressions of Interest (IEI) released by the U.S. Department of Treasury, Financial Management Service (FMS) on August 15, 2003, for the purpose of being considered for selection as a Qualified Lockbox Provider (QLP) under FMS' General Lockbox Network (GLN).

I, _____, do hereby certify that:

A. I am a duly authorized representative or officer of _____, hereinafter referred as "Financial Institution," who is authorized to submit and bind Financial Institution to the terms of this Notice and hereby do so;

B. I have read and thoroughly understand the requirements of the GLN IEI referenced above;

C. Financial Institution intends to submit a response to the IEI in accordance with the requirements specified in the IEI;

D. Financial Institution has been, or is eligible to be, designated by FMS as depositary and financial agent of the United States in accordance with 31 C.F.R. Part 202, and that Financial Institution also meets the following threshold requirements to participate in the IEI competition:

1. Financial Institution is in compliance with existing Treasury regulations and procedures concerning the handling of government financial transactions;
2. Financial Institution is not on the Federal Debarment and/or Suspension list and is not delinquent on any debts owed to the U.S. Government;
3. Financial Institution is capable of performing the required services specified in the IEI;
4. If selected as a QLP at the conclusion of the IEI competition, Financial Institution warrants that it shall provide GLN services, as required by FMS under the terms of the IEI, the Financial Institution's response to the IEI, and associated documents referenced in the IEI, including, but not limited to, the Designation and Authorization of Financial Agent Agreement and applicable Memoranda of Understanding;
5. To the extent Financial Institution presently provides services to FMS in its capacity as a depositary and financial agent of the United States:
 - a. Financial Institution is not currently on probationary status with FMS, and, if placed on probationary status in the past, has addressed and resolved any deficiencies in performance identified by FMS; and

b. Financial Institution has completed and submitted to FMS all required internal and external audit information required in connection with providing such services;

6. If selected as a QLP, Financial Institution warrants that it shall address, to the satisfaction of FMS, any potential personnel or organizational conflicts of interest as between itself or any subsidiaries or contractors;

7. Financial Institution will be able to partner with other financial agents, when determined by FMS to be in the best interest of the government; and

8. Financial Institution warrants that it shall comply fully with all security requirements detailed in the GLN IEI, including, but not limited to, the requirement that all financial institution permanent employees, temporary employees (and employees of any subcontractor) performing GLN work be either U.S. citizens or lawful permanent residents.

E. Financial Institution understands the threshold requirements listed in Sec. D above are continuing requirements. Financial Institution is responsible for notifying FMS immediately if it no longer meets all threshold requirements;

F. Financial Institution hereby designates [Name and Title] as its sole authorized point of contact with FMS to represent Financial Institution for the duration of the IEI selection process. This point of contact is authorized to make commitments on behalf of the Financial Institution involving and related to the IEI selection process and required GLN services. The sole point of contact may be reached at:

Name: _____
Title: _____
Business Address: _____

Business Phone: _____
Business Email Address: _____
Business Fax Number: _____

G. Financial Institution submits the following information to FMS on its top ten (10) largest lockbox clients (based on transaction information). Financial Institution authorizes FMS to contact these references and to use the information collected in accordance with the established IEI past performance evaluation criteria:

(For those Financial Institutions currently performing Federal agency lockbox work on behalf of FMS, at least four of the provided client references must be Federal agencies; for those Financial Institutions not currently performing Federal lockbox work on behalf of FMS, Financial Institution is requested to provide client references from state or local government customers or large decentralized corporations)

1. Client Company or Agency Name: _____
Name of Contact: _____
Contact's Title: _____
Business Address: _____

Business Phone: _____
Contact Email Address: _____

2. Client Company or Agency Name: _____
Name of Contact: _____
Contact's Title: _____
Business Address: _____

Business Phone: _____
Contact Email Address: _____

3. Client Company or Agency Name: _____
Name of Contact: _____
Contact's Title: _____
Business Address: _____

Business Phone: _____
Contact Email Address: _____

4. Client Company or Agency Name: _____
Name of Contact: _____
Contact's Title: _____
Business Address: _____

Business Phone: _____
Contact Email Address: _____

5. Client Company or Agency Name: _____
Name of Contact: _____
Contact's Title: _____
Business Address: _____

Business Phone: _____
Contact Email Address: _____

6. Client Company or Agency Name: _____

- Name of Contact: _____
 Contact's Title: _____
 Business Address: _____

 Business Phone: _____
 Contact Email Address: _____
7. Client Company or Agency Name: _____
 Name of Contact: _____
 Contact's Title: _____
 Business Address: _____

 Business Phone: _____
 Contact Email Address: _____
8. Client Company or Agency Name: _____
 Name of Contact: _____
 Contact's Title: _____
 Business Address: _____

 Business Phone: _____
 Contact Email Address: _____
9. Client Company or Agency Name: _____
 Name of Contact: _____
 Contact's Title: _____
 Business Address: _____

 Business Phone: _____
 Contact Email Address: _____
10. Client Company or Agency Name: _____
 Name of Contact: _____
 Contact's Title: _____
 Business Address: _____

 Business Phone: _____
 Contact Email Address: _____

H. Financial Institution understands that it may elect to withdraw from the IEI competition before the date FMS selects QLPs.

This Notice was executed by the undersigned on [Insert Date] in accordance with IEI, Sec. 3.1.1.

Name of Financial Institution

Printed Name and Title of Authorized Financial Institution Representative or Officer Submitting Notice

Signature of Authorized Financial Institution Representative or Officer Submitting Notice