

FORM 1

TRANSMITTAL LETTER

PROPOSER: _____

Submittal Date: **[Insert date.]**

[Insert contact information for Project Manager]

The undersigned ("Proposer") submits this qualifications statement (this "QS") in response to the Request for Qualifications dated March 18, 2016 (as amended, the "RFQ"), issued by the Redevelopment Authority of Prince George's County, on behalf of Maryland National Capital Park and Planning Commission for the adaptive reuse of the 60 acre Historic Glenn Dale Hospital Campus, in Prince George's County, Maryland.

Enclosed, and by this reference incorporated herein and made a part of this QS, are the following submission requirements:

- Qualifications Summary, Development Team, Experience and Representative Projects, Feasibility Strategy, narrative on Prince George's County: CCRC and Senior housing development issues and challenges, Financial Capacity, and additional required statements;
- RFQ Required Forms 1 - 7

Proposer acknowledges receipt, understanding and full consideration of all materials posted on RDA's, M-NCPPC, and ULI Marketplace websites with respect to the RFQ and the following addenda and sets of questions and answers to the RFQ:

[Proposer to list any addenda to this RFQ and sets of questions and answers by dates and numbers prior to executing Form 1]

Proposer represents and warrants that it has read the RFQ and agrees to abide by the contents and terms of the RFQ and the QS.

Proposer understands that the RDA or M-NCPPC is not bound to short-list any Proposer and may reject each QS received.

Proposer acknowledges that QS and all supporting documentation becomes the property of the RDA and M-NCPPC.

Proposer further understands that all costs and expenses incurred by it in preparing this QS and participating in the feasibility or exploration period if selected will be borne solely by the Proposer.

Proposer agrees that the RDA or M-NCPPC will not be responsible for any errors, omissions, inaccuracies or incomplete statements in this QS.

This QS shall be governed by and construed in all respects according to the laws of the State of Maryland.

Proposer's business address:

(No.) (Street) (Floor or Suite)

(City) (State or Province) (ZIP or Postal Code) (Country)

State or Country of Incorporation/Formation/Organization: _____

[insert appropriate signature block from following]

1. Sample signature block for corporation or limited liability company:

[Insert Proposer's name]

By: _____

Print Name: _____

Title: _____

2. Sample signature block for partnership or joint venture:

[Insert Proposer's name]

By: *[Insert general partner's or member's name]*

By: _____

Print Name: _____

Title: _____

[Add signatures of additional general partners or members as appropriate]

3. Sample signature block for attorney:

[Insert Proposer's name]

By: _____

Print Name: _____

Attorney