

## **INTENT TO SUBMIT**

**DUE: January 9, 2026**

### **INSTRUCTIONS**

Return this Intent to Submit form if you plan to respond to the California Assessment System Request for Submissions (RFS). The California Department of Education (CDE) shall only accept submissions for which it has received an Intent to Submit form. This Intent to Submit form must be received by the CDE no later than the date and time specified in RFS Section 2.3 (Schedule of Events). Email the completed form to the CDE at [CASRFS@cde.ca.gov](mailto:CASRFS@cde.ca.gov).

### **QUESTIONS**

The purpose of this Intent to Submit form is to provide us with information to plan adequately for the review of proposals and to elicit from you questions that may be of concern to all bidders.

Questions, requests for clarification, concerns, and comments from applicants related to this RFS must be prepared and submitted in writing, noting the page number(s) and section(s) from the RFS, and must be accompanied by the name and email address of the person to whom the responses are to be sent.

The CDE shall make every effort to answer all questions received. The written response will include a list of all the questions submitted. This response will be posted on the CDE website and will be emailed only to the parties that submitted an Intent to Submit form; therefore, email addresses must accompany written questions.

All questions must be sent to the CDE at [CASRFS@cde.ca.gov](mailto:CASRFS@cde.ca.gov) with the subject line "RFS Questions–Organization Name." The email must be received no later than the date and time specified in RFS Section 2.3 (Schedule of Events).

## INTENT TO SUBMIT

I/We intend to send a submission for the California Assessment System RFS procurement, which includes the California Assessment of Student Performance and Progress and English Language Proficiency Assessments for California.

Legal Business Name of Firm: \_\_\_\_\_

Individual Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature of Firm's Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Name and Title of Representative: \_\_\_\_\_