

Agency or Individual's Legal Name: _____

Mailing Address: _____

State Employer Tax #: _____

IRS Status: _____

Agency Unique Entity Identifier (UEI) / DUNS #: _____

Person authorized to execute contract (Name, Title, Phone Number, and Email)

Program Contact Name, Phone Number, and Email Address:

Fiscal Contact Name, Phone Number, and Email Address:

☐ Corporation or Partnership

☐ Private Non-Profit

☐ Public Non-Profit

☐ Sole Proprietorship

1. Has your agency/organization been debarred or disqualified as a supplier or vendor for any federal, state or local entities? ☐ Yes ☐ No
- a. If yes, describe the nature of the debarment/disqualification, including where and how to find such detailed information.

2. Is this a partnership or joint venture? ☐ Yes ☐ No
- a. If yes, describe in detail how the partnership or joint venture will be organized, who will be in overall control of the program, how it will function on a day-to-day basis, what proposer will do to guarantee continuity of services.

3. Provide three (3) references.

- a. Reference #1:

Name: _____ Title: _____

Agency: _____ Phone: _____

Email: _____

Provide a brief summary of similar services provided.

- b. Reference #2:

Name: _____ Title: _____

Agency: _____ Phone: _____

Email: _____

Provide a brief summary of similar services provided.

- c. Reference #3:

Name: _____ Title: _____

Agency: _____ Phone: _____

Email: _____

Provide a brief summary of similar services provided.

Certification

To the best of my knowledge and belief, all information in this proposal is true and correct. The document has been duly authorized by the Governing body of the Proposer and the Proposer will comply with all of the requirements of the RFP if an agreement is awarded.

Typed Name of Authorized Representative	Title
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Signature	Date
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PROPOSAL CHECKLIST

All items must be included in response to the Request for Proposals in order to meet minimum qualifications unless otherwise noted. Please organize proposal materials in the order listed below.

- A. Proposal Form 1: Proposal Cover Sheet and Checklist (these 4 pages) ☐
- B. Proposal Form 2: Statement of Qualifications Form ☐
- C. Sample Menus ☐
- D. Attachments to Proposal
 - a. Proposal Form 3: Attestation Regarding County Contract ☐
 - b. Proposal Form 4: Acceptance of County Insurance Requirements ☐
 - c. Proposal Form 5: Declaration of Local Business for Services ☐
 - d. Signed Addendum(a) ☐
- E. Additional Information ☐