

# APPENDIX B – Contractor Data Sheet

**CONTRACTOR DATA SHEET**

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(To be completed by Bidder)

1. Years in business: Indicate the length of time you have been in business providing this type of service:

\_\_\_\_\_ years          \_\_\_\_\_ months

2. References: Indicate below at least three (3) accounts for whom you have provided consultancy services, of which at least two will be related to consortium management/sector organization. Include the date services were furnished, and contacts.

Client	City / State	Dates of Service	Contact Name / Phone / E-mail

3. Are you a subsidiary firm? \_\_\_\_ yes \_\_\_\_ no

If yes, list the location of your parent affiliation:

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

City: \_\_\_\_\_ State \_\_\_\_\_

4. List total number of employees:

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time/other

**Authorized Signature(s)**

This form must be completed and signed by an officer of the company

Name of Firm: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

Date of incorporation: \_\_\_\_\_

If not a corporation, state the type of business organization, names and addresses of the owners, address and phone of the principal place of business, date business began, and state in which organized.

I certify the accuracy of this information.

Signature: \_\_\_\_\_

Name and title (print or type): \_\_\_\_\_

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