APPENDIX B – Contractor Data Sheet

CONTRACTOR DATA SHEET

(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.

<table>
<thead>
<tr>
<th>Client</th>
<th>City / State</th>
<th>Dates of Service</th>
<th>Contact Name / Phone / E-mail</th>
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CONTRACTOR DATA SHEET

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: __________________________________________________________________