

VENDOR DATA FORM

Having carefully read and understood all sections of this RFP, I/we agree to provide all labor and materials as per specifications described in this RFP. I/we understand that the SFWIB reserves the right to modify or make no award if deemed by the SFWIB to be in the best interest of the SFWIB.

Please provide the information below:

1	Company's Name	
2	Federal ID No.	
3	Mailing Address	
4	Telephone /Fax	
5	e-mail address	
6	Contact Person's name and Title	
7	Registered with Florida Department of State (Sunbiz.org)	Yes / No
8	Registered Vendor with Miami-Dade County and/or the State of Florida	Yes / No
9	Has your company been in business since January 2006 providing the same type of service under the same business name?	Yes / No
10	Please specify – Corporation, Sole Proprietorship, For Profit, LLC, Community Based Organization, etc.	

AUTHORIZED AGENT'S SIGNATURE: _____ **DATE**_____