**ATTACHMENT A**

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Vendor Services

Request for Quotations

**C O V E R S H E E T**

**INFORMATION ABOUT BIDDER**

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| --- |
| Identification of Bidding Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Legal Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Head of Organization: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physical Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Person: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Person Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signatory Authority for Bidding Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tax/Legal Status: [ ] Corporation [ ] Sole Ownership [ ] Public [ ] Profit[ ] Partnership [ ] Other [ ] Private [ ] Not For-ProfitDate Es**t**ablished: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Controller Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal Taxpayer Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Small Business? [ ] Yes [ ] NoIs bidder certified as a historically underutilized business? [ ] Yes [ ] NoCertifying Agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If yes, a copy of the certification notice is required as an attachment.) |

**ATTACHMENT B**

On this page and additional pages if necessary, please provide information on vendor history, qualifications/experience on providing service.

**ATTACHMENT C**

In this section, include copies of licenses, certifications and other documentation qualifying individual or company to perform work in the State of Texas.

**ATTACHMENT D**

In this section, provide proof of bonding and/or liability insurance (i.e., include applicable documentation).

**ATTACHMENT E**

In this section, provide a pricing schedule/listing consisting of all of bidder’s service offerings. In addition, please note any quantity and/or purchase agreement discounts that may be applicable to the WFSDallas as **a private not for profit organization**.

**ATTACHMENT F**

In this section, provide a list of three (3) customer references. These should include a contact person and phone number who is familiar with bidder’s service. Additionally, the references should be active customers within the past two years.