## FORM 4 - PROPOSER QUESTIONNAIRE

**ANSWER ALL QUESTIONS THAT APPLY; IF IT DOES NOT APPLY, MARK N/A.**

**SERVICE PROVIDER INFORMATION**

|  |
| --- |
| Business/Company Name: |
| Phone Number: |
| E-mail Address: |
| Web Site Address: |
| Business Address: |

**PRIMARY POINT OF CONTACT FOR PROPOSAL**

|  |  |
| --- | --- |
| Name:  | Position: |
| Phone Number: | E-Mail:  |

**PRIMARY POINT OF CONTACT FOR CONTRACT, IF AWARDED**

|  |  |
| --- | --- |
| Name:  | Position: |
| Phone Number: | E-Mail:  |

**Business Information**

|  |
| --- |
| Years in Business: |
| State of Incorporation or Organization:  |
| Check the following as it applies to your Business:  |
| [ ]  Public Corporation[ ]  Privately Held Corporation[ ]  Limited Partnership[ ]  Sole Proprietorship | [ ]  Limited Liability Company[ ]  Manufacturer[ ]  Distributor[ ]  Service Contractor |
| Are you a subsidiary of another Company: [ ]  Yes [ ]  NoIf Yes, name of your parent: |
| List all companies with whom you have partial or complete ownership: |
| Check the following Business Classifications that apply to your firm, if any:[ ]  Small Business Concern [ ]  Minority Owned Business [ ]  Woman Owned Business |
| Does your firm have EDI capabilities: [ ]  Yes [ ]  No  |

**Other Operational Information**

|  |
| --- |
| Number hourly employees: |
| Direct: | Indirect:  |
| Number salary employees: |
| Direct: | Indirect:  |
| Normal workdays: | Normal work hours: |
| Does your firm have a Quality Assurance Program? [ ]  Yes [ ]  No |
| Do you provide on-site technical support? [ ]  Yes [ ]  No |