## 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  No  If 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 | |