ATTACHMENT A Statewide Broadband Build for Unserved and underserved Communities RFP DBEA 2022-11 Contractor Data Sheet

1.	Years in Business: type of service.	idicate the length of time you have been in business providing this		
		Years	Months	
2.				r whom you have provided furnished, and contacts.
Clie	ent	City/State	Date	Contact name/phone
	Aro vou a cubcidia	ay firm? Voc. I	No	
٥.	Are you a subsidial	y firm? Yes I	NO	
	If yes, list parent a	ffiliation:		
	Company:			
	Address:			
	City:		State	:
4.	Current Number of	Clients:		
5.	Number of Full-Tim	ne Employees:		

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 bus address and phone of principle place of borganized.	_		
I certify the accuracy of this information.			
Signature:			-
Name and title (print or type):			_
Date:			