## ATTACHMENT A Capital Project Fund Consultant RFP DBEA 2023-05 Contractor Data Sheet

1. **Years in Business**: Indicate the length of time you have been in business providing this type of service.

\_\_\_\_\_ Years \_\_\_\_\_ Months

2. **References**: Indicate below at least three (3) accounts for whom you have provided broadband consultation services, at least two being political entities (i.e., states, counties) Include the date service was furnished, and contacts.

Client	City/State	Date	Contact name/phone
3. Are you a su	ubsidiary firm?: Yes No	·	
If yes, list p	parent affiliation:		
Company: _			
Address:			
City:			State:
4. Current Nun	nber of Clients:	_	
5. Number of F	Full-Time Employees:		

## Authorized Signature(s)

This form must be completed and signed by an officer of the company:

Name of Firm:	 
Contact:	 
Address:	
City:	Zip:
Phone:	 
Fax:	
Email:	
Date of incorporation:	

If not a corporation, state the type of business organization, names and addresses of owners, address and phone of principle place of business, date business began, and state in which organized.

I certify the accuracy of this information.

Signature: \_\_\_\_\_

Name and title (print or type): \_\_\_\_\_

Date: \_\_\_\_\_