ATTACHMENT A Round 2 Statewide Broadband Build for Unserved and underserved Communities RFP DBEA 2023-06 Contractor Data Sheet

1.	Years in Business: type of service.	Indicate the length of	licate 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	
	Are you a subsidiar	y firm? Yes N	No.		
٥.	Are you a subsidial	y IIIII: 1es 1	NO		
	If yes, list parent a	ffiliation:			
	Company:				
	Address:				
	City:		State	:	
4.	Current Number of	Clients:			
5.	Number of Full-Tim	ie 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:			