EAST-WEST GATEWAY
Council of Governments
Creating Solutions Across Jurisdictional Boundaries

ATTACHMENT B
Firm Information

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Respiratory Equipment Masks IFB # 2023IFB1-MASKS

A. Bidding Firm's Name & Address

Firm Name _____

Business Address (Street, City, State & Zip) _____

B. FEIN / Unique Entity Identifier (UEI) / U.S. System for Award Management (SAM) Registration

FEIN _____ UEI _____ ☐ *No UEI* Is your firm registered with SAM? ☐ Yes CAGE Code _____ ☐ No

C. Prior Business with the Council

Has your firm conducted business with the Council in the previous 12 months? ☐ Yes ☐ No

If no, then your firm needs to include a current W-9 in its sealed bid package.

D. D/S/W/MBE Registration

Use the check boxes below to indicate if your firm is a certified D, S, W, or MBE. Check as many categories that apply. The Council will verify your firm's certification status.

☐ *Disadvantaged Business Enterprise (DBE)* ☐ *Small Business Enterprise (SBE)*

☐ *Women-Owned Business Enterprise (WBE)* ☐ *Minority-Owned Business Enterprise (MBE)*

☐ *None - my firm is not certified.*

Name & Contact Information for Questions About Bid

Provide the following information about the person the Council can contact with questions about your firm's bid.

Name _____ Phone # _____ Email _____

Certification

By signing below, I certify that I am authorized to sign this Firm Information form on behalf of my firm and that the information contained on this form is accurate and complete to the best of my knowledge.

Name & Title of Authorized Official _____

Signature of Authorized Official _____

Date _____