RFP SUBMISSION FORM

Business Identification

BUSINESS NAME:	
ADDRESS:	
CONTACT PERSON:	
TITLE:	
TELEPHONE NO.:	
TAX ID NO.:	
EMAIL ADDRESS:	
REMITTANCE ADDRESS:	
PROMPT PAYMENT DISCOUNT:	___% FOR PAYMENT WITHIN ____ DAYS; NET ____ DAYS
BUSINESS ORGANIZED UNDER THE STATE LAWS OF:	
PRINCIPAL BUSINESS LOCATION:	
STATE CORPORATION COMMISSION IDENTIFICATION NO.:	
DUNS NUMBER:	

Business Classifications

Corporation	☐	Partnership	☐	Sole Proprietor	☐		
Minority Owned	☐	Small Business	☐	Non Profit	☐		

Ownership Disclosure

Names and address of all persons having an ownership interest of 5% or more in the business:
1.
2.
3.

Conflict of Interests

This solicitation is subject to the provisions of Section 2.2-3100 et. Seq., Virginia Code Annotated, the State and Local Government Conflict of Interests Act. The business is aware of information bearing on the existence of any potential organizational conflict of interest.	YES	
	NO	

Collusion

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same goods and services and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of the State and Federal law and may result in fines, prison sentences, and civil damage awards.	YES	
	NO	

Authorized Signature

By signing this quote Business certifies, acknowledges, understands, and agrees to be bound by the conditions set forth in this Solicitation.	
Authorized Signature:	**Date:**
Name (Printed):	**Title:**