

VENDOR'S PROFILE SHEET

Subject of RFP	Submission Due	Division	Date Issued
Health Care Consultant/ Administrator		Administration	October 9, 2003

Complete Vendor Name (Trade Name/DBA)	Federal Employer Id Number/SSN
Vendor Address	
Contact Person's Name	Telephone Number
E-Mail Address	FAX Number

AFFIRMATION OF BIDDER

The undersigned vendor affirms and declares:

- 1) That this proposal is executed and signed by said bidder with full knowledge and acceptance of the conditions as stated in the RFP.
- 2) That the services shall be delivered to the agency at the prices bid therein and within the timeframes as delineated in the RFP.

The undersigned vendor further affirms and declares that neither the vendor and/or any company official nor any subcontractor to the vendor and/or any company official has received any notices of debarment and/or suspension from contracting with the State of Connecticut or the Federal Government.

YES NO

The undersigned vendor further affirms and declares that neither the vendor and/or any company official nor any subcontractor to the vendor and/or any company official has received any notices of debarment and/or suspension from contracting with other states within the United States.

YES NO

Written Signature of Person Authorized to Bind the Vendor Contractually	Date
Type or Print Name of Authorized Signator	Title of Signator

Is your business a non-profit organization? <input type="checkbox"/> Yes (Attach copy of 501-c) <input type="checkbox"/> No
Is your business a: <input type="checkbox"/> Proprietorship (Individual) <input type="checkbox"/> Partnership, or <input type="checkbox"/> Corporation? (Type of Corp. _____)
Is your business income reportable to the IRS? <input type="checkbox"/> Yes (Please include W-9.) <input type="checkbox"/> No
Is your business currently a DAS certified small business enterprise? <input type="checkbox"/> Yes (Attach copy of certificate) <input type="checkbox"/> No
Has your business received funding from the Small Business Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a minority owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Women Owned <input type="checkbox"/> Black <input type="checkbox"/> Hispanic
<input type="checkbox"/> Black & Hispanic <input type="checkbox"/> Aleutian & Eskimo
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian

IF VENDOR IS A PARTNER-SHIP	TYPE NAMES OF ALL PARTNERS.	
	Name	Name

IF VENDOR IS A CORPORATION	What is the authority of signator to bind the vendor contractually? <input type="checkbox"/> Corporate Resolution <input type="checkbox"/> Corporate By Laws <input type="checkbox"/> Other (Please provide a written copy.)
	In which State are you incorporated?