1. IDENTIFYING INFORMATION

 N/S 1.1 Organization Name:

 Click here to enter name.

 N/S 1.2 CEO’s Name:

 Click here to enter name.

 N/S 1.3 Contact for this RFQ:

 Click here to enter Contact.

 Contact Person’s Phone #: Click here to enter Phone #.

 Contact Person’s Fax: Click here to enter Fax.

 Contact Person’s Email Address: Click here to enter email.

 N/S 1.4 Addresses

 Address: Click here to enter address.

 City: Click here to enter city.

 State: Click here to enter state.

 N/S 1.5 Tax ID#: Click here to enter Tax ID.

 N/S 1.6 Type of Organization (select one):

* Non-Profit: Click here to Choose Y or N
* Governmental: Click here to Choose Y or N
* For Profit Corporation: Click here to Choose Y or N
* Partnership: Click here to Choose Y or N
* Sole Proprietorship: Click here to Choose Y or N
* Consumer/Family Run: Click here to Choose Y or N
* Other: (Please explain):Click here to enter text.

 N/S 1.7 Submit a copy of your most recent annual report and/or financial audit.

 N/S 1.8 Lawsuits: Have you been involved in any lawsuits in the last 24 months?

 Click here to Choose Y or N

 If yes, submit a description of each lawsuit, the current status, and the outcome, if a resolution has occurred.

 Click here to enter text.

N/S 1.9 Has your organization ever been excluded from receiving Federal Funding?

 Click here to Choose Y or N

N/S 1.10 Have any employees and/or contractors of your organization been excluded from participating in Federal programs? Click here to Choose Y or N

N/S 1.11 Is your organization licensed to practice in the State of Washington?

 Click here to Choose Y or N