GENERAL INFORMATION FORM

Name of Organization:
Organization's Address:
Telephone Number:
Years in Business:
Years in business Providing Marketing & Community Engagement Services:
Organization is (check one):
Corporation Partnership Association
Joint Venture Sole Proprietorship Public Agency
Quasi-Public Agency _ Other: (Explain):
If the organization is a corporation indicate the following:
Date of Incorporation:
State of Incorporation:
President's Name:
Vice-President's Name:
Secretary's Name:
If the organization is an individual or a partnership indicate the following:
Date of Organization:
Name and address of all partners:
Name and Title of the Organization's Authorized Representatives:
Contact for Questions about Proposal:
Officer responsible for Contract Performance:
Acknowledgment of received Addenda No(s):

The undersigned, being cognizant of the pages, documents and attachments concerned herewith agrees to provide the District with the services described in the Request for Proposal dated December 4, 2024. The stated Proposal shall be firm for 120 days from the due date for this Proposal.

The Contractor hereby affirms that this Proposal is genuine, not a sham or collusive, and is not made in the interest of any person not therein named.

Authorized Signature:										
Title:										
Date:		/	/							