

BUSINESS PROFILE

In submitting this proposal, the undersigned agrees:

- (a) That the Owner reserves the right to waive irregularities, to reject proposals and to award the Contract to the most qualified contractor, should it be in the best interest of the Owner to do so;
- (b) That in the event the contractor does not perform the services as stipulated in the contract to the satisfaction of the Alachua County Housing Authority, the Authority may cancel the contract at anytime by giving at least fifteen (15) days written notice of the intent to cancel the contract; and
- (c) The contractor shall be responsible for the employment, control and conduct of his employees during the course of the contract.

The undersigned hereby designates his business structure and location:

Contractor is: (check one)

Sole Proprietor ()

Partnership ()

Corporation ()

The Proposal is authorized and submitted by:

(Name of Firm)

Authorized Official (Please Print)

(Signature)

(Title)

(Date)

COMPANY INFORMATION/SIGNATURE: In compliance with this Request for Proposal and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the services in accordance with the attached signed proposal and as mutually agreed upon by subsequent negotiation.

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|---|------------------|--|------|
| FULL LEGAL NAME (PRINT) (Company name as it appears with your Federal Taxpayer Number) | | FEDERAL TAXPAYER NUMBER (ID#) | |
| BUSINESS NAME/DBA NAME/TA NAME (If different than the Full Legal Name) | | FEDERAL TAXPAYER NUMBER (If different than ID# above) | |
| BILLING NAME (Company name as it appears on your invoice) | | FEDERAL TAXPAYER NUMBER (If different than ID# above) | |
| PURCHASE ORDER ADDRESS | | PAYMENT ADDRESS | |
| CONTACT NAME/TITLE (PRINT) | | SIGNATURE (IN INK) | DATE |
| E-MAIL ADDRESS | TELEPHONE NUMBER | FAX NUMBER | |

REFERENCES

| | |
|-----------------------------|--|
| Reference 1: | |
| Company: | |
| Address: | |
| Point of Contact: | |
| Phone Number: | |
| Fax Number: | |
| Email Address: | |
| Dollar Value: | |
| Description of Work: | |
| Reference 2: | |
| Company: | |
| Address: | |
| Point of Contact: | |
| Phone Number: | |
| Fax Number: | |
| Email Address: | |
| Dollar Value: | |
| Description of Work: | |
| Reference 3: | |
| Company: | |
| Address: | |
| Point of Contact: | |
| Phone Number: | |
| Fax Number: | |
| Email Address: | |
| Dollar Value: | |
| Description of Work: | |