

RFP Title:  
RFP Number:

## CONTACT SHEET

### Organization Contact

LEGAL NAME – AS SHOWN ON FEDERAL INCOME TAX RETURN	
BUSINESS NAME – IF DIFFERENT THAN ABOVE	FEDERAL EMPLOYER IDENTIFICATION NUMBER/SSN
MAILING ADDRESS	CITY, STATE, ZIP CODE
PHONE NUMBER	WEBSITE

### Designated Representative Contact

NAME AND TITLE	
MAILING ADDRESS	CITY, STATE, ZIP CODE
EMAIL ADDRESS	PHONE NUMBER