

Request for Proposal: Child Development Services

Organization Information Sheet

Legal name of organization:	
Business address:	Phone number:
Tax ID Number:	Employer Identification Number:
Days and hours of operation:	
Contact person:	Title:
Email:	Phone number:
Name of person with signature authority:	
Debarment Statement: I understand that if my organization is awarded a contract that we will be required to obtain a Debarment Certification Statement for the organization and for individual employees.	
By signing here, I agree to the Debarment Certification Statement: Signature:	