**PROPOSAL COVER PAGE**

The proposal cover page must be signed and returned along with all the "required attachments" as an entire package with **original signatures**.

The signature affixed hereon and dated certifies compliance with all the requirements of the solicitation.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Company Name | | | | | 2. Telephone Number | | | 2a. Fax Number | | | |
|  | | | | | (   ) | | | (   ) | | | |
| 3. Address | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Indicate your organization type: | | | | | | | | | | | |
| 4.  Sole Proprietorship | | | | 5.  Partnership | | | | 6.  Corporation | | | |
| Indicate the applicable employee and/or corporation number: | | | | | | | | | | | |
| 7. Federal Employee ID No. (FEIN) | |  | | | | 8. California Corporation No. | | | |  | |
| 9. Indicate applicable license and/or certification information: | | | | | | | | | | | |
| 10. Bidder’s Name and Title (Print) | | | | | | 11. Email Address | | | | | |
|  | | | | | |  | | | | | |
| 12. **Signature** | | | | | | 13. Date | | | | | |
|  | | | | | |  | | | | | |
| 14. Are you certified with the Department of General Services, Office of Small Business and DVBE Certification (OSDS) as: | | | | | | | | | | | |
| a. California Small Business  Yes  No  If yes, enter certification number: | | | | | b. Disabled Veteran Business Enterprise Yes  No  If yes, enter your service code below: | | | | | | |
|  |  | |  | | |  |  | | | |  |
| **NOTE**: A copy of your Certification is required to be included if either of the above items is checked **“Yes”**. | | | | | | | | | | | |
| Date application was submitted to OSDS, if an application is pending: | | | | | | | | |  | | |