

**Attachment H
Respondent Information Form**

COMPANY NAME: _____

COMPANY FEIN: _____

COMPANY HEADQUARTERS ADDRESS: _____

PRIMARY PLACE OF BUSINESS: _____

Counties in which the Respondent is willing to provide these products:

Primary Solicitation Contact Person:

Please identify the person who will be the primary contact in relation to this solicitation:

Name: _____

Title: _____

Street Address: _____

E-mail Address: _____

Phone Number(s): _____

Alternate Solicitation Contact Person:

Please identify the person who will be the secondary contact in relation to this solicitation:

Name: _____

Title: _____

Street Address: _____

E-mail Address: _____

Phone Number(s): _____

Contract Manager:

Please identify the person who will be responsible for managing the Contract on your behalf if award is made:

Name: _____

Title: _____

Street Address: _____

E-mail Address: _____

Phone Number(s): _____