

**Attachment B
Acknowledgement Form
ITB-DEM-19-20-026 WebEOC**

<u>Vendor Name:</u>	
If a Fictitious Name is used include registered name (i.e. XYZ, Inc. D/B/A ABC)	*Authorized Signature (Manual)
<u>Vendor Mailing Address:</u>	
<u>City, State, Zip:</u>	*Authorized Signature (Typed), Title
Phone Number:	<p style="text-align: center;">*This individual must have the authority to bind the Respondent.</p> <p style="text-align: center;">By signature on the Reply, Respondent certifies that it complies with the Terms & Conditions of the RFP.</p>
Toll Free Number:	
Email Address:	
DUNS Number:	
FEID Number:	
Type of Business Entity (Corporation, LLC, partnership, etc.):	
VENDOR CONTACTS: Provide the name, title, address, telephone number, and email address of the official contact and an alternate, if available. These individuals shall be available to be contacted by telephone or attend meetings as may be appropriate regarding the solicitation schedule.	
<u>Primary Contact:</u>	
Contact Name, Title:	
Address:	
Phone Number:	
Fax Number:	
Email Address:	
<u>Secondary Contact:</u>	
Contact Name, Title:	
Address:	
Phone Number:	
Fax Number:	
Email Address:	