



Appendix A - Respondent Information
Youth Workforce Services
RFP No. 19-0321

Company Name:			
Street/Mailing Address:			
City:		ZIP:	County:
Company Contact Person:			Title:
Phone:		Ext.:	Fax:
Email Address:		Website Address:	
Date of Inception:	Years in Business:	Total # Full-time Employees at this location:	
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Leased	<input type="checkbox"/> Other(please indicate)
Employer's Federal ID #:		Unemployment Comp ID #:	
Dunn and Bradstreet. #:		Primary NAICS and or (SIC) Code:	
Is your company current on all State of Florida tax obligations?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Description of your business, product(s) and/or service(s):			
Authorized Signature(1): _____			
(1) Signature by an individual who has the authority to bind the Company to the RFP			

