CONTRACTOR INFORMATION FORM

CONTRACTOR NAME:

STREET ADDRESS:

CITY: **STATE:** **ZIP CODE:**

OFFEROR CONTACT NAME:

PHONE NUMBER: **EMAIL:**

☐ Contractor affirms that they meet the minimum qualifications identified in Part Two: Section IV of the RFP title:

(enter RFP Title and RFP Number beginning with SRC)

1. **DODD certified provider?** ☐ **NO** ☐ **YES, DODD Provider Certification #**
2. **Provide OAKS Supplier ID or Tax Identification Number:**
3. **Current employee information on both a nationwide basis (including Ohio), and for Ohio operations.**

	Nationwide	**Ohio**
Current number of employees:		
Percent of Women:		
Percent of Minorities:		

4. **If your remit to address is different than the mailing address above, pleas provide below:**

Street Address:

City: State: Zip Code:

5. **Provide contact information for person with authority to execute a contract on behalf of the contractor.**

Name: Title:

Email:

Authorized Signature **Date**

This form must be completed, signed, and submitted with RFP Proposal for it to be considered eligible for review and scoring.

Rev. 5/2024