

# Proposer's Information Form

PROPOSER (please print):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact person, title, email, telephone and email: \_\_\_\_\_

Proposer, if selected, intends to carry on the business as (check one):

**Individual**

**Partnership**

**Joint Venture**

**Corporation**

When incorporated? \_\_\_\_\_

In what state? \_\_\_\_\_

**Please attach State Certification and W9 Taxpayer Identification Number and Certification**

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## PROPOSER'S SIGNATURE

No proposal shall be accepted which has not been signed in ink in the appropriate space below:

By signing below, the submission of a proposal shall be deemed a representation and certification by the Proposer that they have investigated all aspects of the RFP, that they are aware of the applicable facts pertaining to the RFP process, its procedures and requirements, and they have read and understand the RFP. No request for modification of the proposal shall be considered after its submission on the grounds that the Proposer was not fully informed as to any fact or condition.

If Proposer is **INDIVIDUAL**, sign here:

Proposer's Signature: \_\_\_\_\_

Proposer's typed name and title: \_\_\_\_\_

Date: \_\_\_\_\_

If Proposer is **PARTNERSHIP** or **JOINT VENTURE**; at least two (2) Associates shall sign here:      Partnership      Joint Venture

Venture Name (type or print): \_\_\_\_\_

\_\_\_\_\_  
Member of Partnership/Joint Venture Signature

\_\_\_\_\_  
Member of Partnership/Joint Venture Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

St. Petersburg Housing Authority

If Proposer is a **CORPORATION**, the duly authorized officer shall sign as follows:

The undersigned certify that he/she is respectively:

\_\_\_\_\_ and

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Of the corporation named below; that they are designated to sign the Proposal Cost Form by resolution (attach a certified copy, with corporate seal, if applicable, notarized as to its authenticity or Secretary's certificate of authorization) for and on behalf of the below named CORPORATION, and that they are authorized to execute same for and on behalf of said CORPORATION.

\_\_\_\_\_  
Corporation Name (type or print)

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_