

Town of Freeport
RFP APPLICATION IDENTIFICATION FORM

RFP NUMBER: _____

RFP TITLE: _____

☐ Initial RFP Application

1. APPLICANT INFORMATION

Legal Name:

Doing Business As:

Street Address:

Mailing Address:

Contact person for matters involving this application:
Name:

Title:

Phone Number:

Fax Number:

e-mail:

2. BUSINESS INFORMATION

Type of Business Entity (*check one*):

☐ Non-Profit Corporation

☐ Limited Liability Company

☐ Sole Proprietorship

☐ For-Profit Corporation

☐ Partnership

If applicable, state of incorporation and date incorporated:

State:

Date:

3. PROPOSAL INFORMATION

4. PROJECT COSTS

FY _____

FY _____

FY _____

FY _____

FY _____

FY _____

Grand Total _____

I certify that the information provided above is to the best of my knowledge true and correct.

Authorized Representative Signature

Date Signed

Name and Title