

## OFFEROR IDENTIFYING INFORMATION

1. Prime Contractor's Name and Address		2. Names and Titles of All Principals:	
3. Type of business entity (i.e. Corporation, Partnership):		5. Length of Time in Business with Products Similar to Proposed Product:	
4a. Length of Time in Business Using Current Name:		6. State of Incorporation or organization and Principal Place of Business:	
4b. Previous Names Used by Business:		7. Legally allowed to do business in Maryland?  <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Federal Employer Identification Number:
9a. Main Office Location: <i>Street Address / City / State / Zip Code:</i>			
9b. Branch Office/ Major Office / Manufacturing Plant Location: <i>Street Address / City / State / Zip Code:</i>			
9c. Branch Office/ Major Office / Manufacturing Plant Location: <i>Street Address / City / State / Zip Code:</i>  <i>(Continue on separate page if necessary for other facilities)</i>			
10. Manpower Breakdown: Enter type number of staff working on proposed product. Add additional rows as necessary.			
Job Type	# Staff	Job Type	# Staff
Field Technicians		Technical Support Staff	
Developers		Project Management	
Sales & Marketing		Office Staff	
11. Full name and business address for subcontractor who will perform services on this project. Continue on separate sheet if necessary. <i>(Note: A Separate Offeror Information Form must be completed by each subcontractor)</i>			
11a. Subcontractor's Name and Address		11b. Subcontractor's Name and Address  <i>(Continue on separate page if necessary for other Subcontractors)</i>	
<i>On Separate Sheet, provide the following information:</i>			
12. Statement of ability to comply with the insurance requirements identified under HCPSS Insurance Requirements.			
13. Statement as to business and/or principals' involvement in any legal action pending or resolved regarding failure to perform in the state of Maryland during the previous three years, furnish details and outcome.			
14. Statement of principals' of ownership or investment in other corporations, partnership, or businesses of any nature - state name of business, nature of business, principals' involved, and nature of involvement.			
<b>Form Prepared by :</b>			
Signature:		Date:	
Printed Name:		Title:	