APPENDIX C
CELLULAR AND WIRELESS ACTION PLAN (STATE BROADBAND CAPACITY PROGRAM FUNDS) RFP BEA 2027-02
Contractor Data Sheet

1. Years in Business: Indicate the length of time you have been in business providing this type of service.

   _____ Years _____ Months

2. References: Indicate below at least three (3) entities for whom you have provided research, data collection and analysis, for state and/or local governments. Include the date service was furnished, and contacts.

Client	City/State	Date	Contact name/phone

3. Are you a subsidiary firm? ___ Yes ___ No

   If yes, list parent affiliation:

   Company: _____

   Address: _____

   City: _____ State:____

4. Current Number of Clients: _____

5. Number of Full-Time Employees: _____

Authorized Signature(s)
This form must be completed and signed by an officer of the company:

Name of Firm: _____

Contact: _____

Address: _____

City: _____State: _____Zip: _____

Phone: _____

Fax: _____

Email: _____

Date of incorporation: _____

If not a corporation, state the type of business organization, names and addresses of owners, address and phone of principle place of business, date business began, and state in which organized.

I certify the accuracy of this information.

Signature:_____

Name and title (print or type): _____

Date: _____