



FIRM DATA SHEET
IFB # 239-24-12
(Form must be completed by Prime and Subs)

Company's Full Legal Name		
Firm's Address		
City	State	Zip Code
Telephone Number	Fax Number	E-mail Address
Contact Name (First & Last)		
Product/ Service Category		Age of Firm
Firm's DBE* Status: DBE <input type="checkbox"/> Certification expiration date _____		
Gender: Male <input type="checkbox"/> Ethnicity: African American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Female <input type="checkbox"/> Non-Minority Women <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> _____ Subcontinental Asian American <input type="checkbox"/>		
Non-DBE <input type="checkbox"/>		
<small>*Disadvantaged Business Enterprise (DBE) Certification by VDOT only</small>		
Annual Gross Receipts		
For the Firm's fiscal year ending _____ (Date)		
PLEASE CHECK THE APPROPRIATE BRACKET		
<input type="checkbox"/> <i>Less than \$100,000</i>		
<input type="checkbox"/> <i>\$100,000 to \$250,000</i>		
<input type="checkbox"/> <i>\$250,000 to \$500,000</i>		
<input type="checkbox"/> <i>\$500,000 to \$1 million</i>		
<input type="checkbox"/> <i>\$1 million to \$2 million</i>		
<input type="checkbox"/> <i>\$2 million to \$5 million</i>		
<input type="checkbox"/> <i>\$5 million to \$10 million</i>		
<input type="checkbox"/> <i>\$10 million or greater</i>		
FOR GRTC OFFICE USE ONLY		
Department		Request Date
PO#		
Contractor <input type="checkbox"/> Sub-contractor <input type="checkbox"/>		Contract Goal Yes ___ No ___

CONFIDENTIALITY NOTE: The information entered on this form is legally privileged and confidential information intended solely for the use of GRTC Transit System. This information, in accordance with federal guidelines, will be kept strictly confidential and will only be provided to a third party with the firm's written consent.