IFB # 228-24-01
FIRM DATA SHEET

Form must be completed by Prime(s) and Subcontractor(s)

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 ☐ Certification expiration date _____

Gender: Male □ Female □

Ethnicity: African American □ Asian Pacific American □ Hispanic American □ Non-Minority Women □ Native American □ Other □_____ Subcontinental Asian American □

Non-DBE ☐

***Disadvantaged Business Enterprise (DBE) Certification by Department of Small Business and Supplier Diversity Only**

Annual Gross Receipts

For the Firm's fiscal year ending _____
(Date)

PLEASE CHECK THE APPROPRIATE BRACKET

☐ *Less than $100,000*
☐ *$100,000 to $250,000*
☐ *$250,000 to $500,000*
☐ *$500,000 to $1 million*
☐ *$1 million to $2 million*
☐ *$2 million to $5 million*
☐ *$5 million to $10 million*
☐ *$10 million or greater*

FOR GRTC OFFICE USE ONLY

Department	Request Date
PO#	
Contractor ☐ Sub-contractor ☐	Contract Goal Yes ___ No ___

CONFIDENTIATLITY 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.