# ATTACHMENT B PROPOSAL COVER SHEET

**REQUEST FOR QUALIFICATIONS**

­­­­­­­­­­­­­­­­­­IT/Technology Sector Consulting Services

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| **Legal Name of Proposing Entity** |  |
| **Mailing Address** |  |
| **Authorized Contact/Signatory Authority** |  |
| **Phone Number** |  |
| **E-Mail** |  |
| **Type of Organization** | □Private for-profit  □Private non-profit  □Government Agency  □Partnership  □Sole Proprietor  □Other (specify) |
| **Date Established** |  |
| **Federal EIN** |  |
| **Texas State Comptroller ID Number** |  |
| **Historically Underutilized Business?** | □Yes (if yes, attach current certificate)  □No |
| **Typed Name & title of Authorized Signatory** |  |
| **Signature** |  |