# ATTACHMENT A PROPOSAL COVER SHEET

**REQUEST FOR QUALIFICATIONS**

Targeted Outreach Services

|  |  |
| --- | --- |
| **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** |  |