|  |  |  |
| --- | --- | --- |
| State of Wisconsin  Department of Administration  Division of Enterprise Operations  Bureau of Procurement  s. 16.765, Wis. Stats.  DOA-3477 (R02/15) | Bid / Proposal # | ETG0004/ETG0006 |
|  |  |
| Commodity / Service |  |

Vendor Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | | BIDDING / PROPOSING COMPANY NAME | | | |  | | | | | | | |
|  | Phone | | (   ) | | | | Toll Free Phone | | | | | (   ) | |
|  | FAX | | (   ) | | | | E-Mail Address | | | | |  | |
|  | Address | | |  | | | | | | | | | |
|  | City | |  | | | | State | |  | | Zip + 4 | |  |
|  | |  | | | | | | | | | | | |
| 2. | | Name the person to contact for questions concerning this bid / proposal. | | | | | | | | | | | |
|  | | Name |  | | | | | Title | |  | | | |
|  | Phone | | (   ) | | | | Toll Free Phone | | | | | (   ) | |
|  | FAX | | (   ) | | | | E-Mail Address | | | | |  | |
|  | Address | | |  | | | | | | | | | |
|  | City | |  | | | | State | |  | | Zip + 4 | |  |
|  | |  | | | | | | | | | | | |
| 3. | | Any vendor awarded over $50,000 on this contract must submit affirmative action information to the department. Please name the Personnel / Human Resource and Development or other person responsible for affirmative action in the company to contact about this plan. | | | | | | | | | | | |
|  | | Name |  | | | | | Title | |  | | | |
|  | Phone | | (   ) | | | | Toll Free Phone | | | | | (   ) | |
|  | FAX | | (   ) | | | | E-Mail Address | | | | |  | |
|  | Address | | |  | | | | | | | | | |
|  | City | |  | | | | State | |  | | Zip + 4 | |  |
|  | |  | | | | | | | | | | | |
| 4. | | Mailing address to which state purchase orders are mailed and person the department may contact concerning orders and billings. | | | | | | | | | | | |
|  | | Name |  | | | | | Title | |  | | | |
|  | Phone | | (   ) | | | | Toll Free Phone | | | | | (   ) | |
|  | FAX | | (   ) | | | | E-Mail Address | | | | |  | |
|  | Address | | |  | | | | | | | | | |
|  | City | |  | | | | State | |  | | Zip + 4 | |  |
|  | |  | | | | | | | | | | | |
| 5. | | CEO / President Name | | |  | | | | | | | | |

This document can be made available in alternate formats to individuals with disabilities upon request.