

# Attachment A

## Proposer Cover Sheet for Business Services

### Subcontractor Information

Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street Address (if different): \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Website Address: \_\_\_\_\_

### Authorized Representative

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Authorized Contact Person

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Proposer's Federal Tax Identification Number: \_\_\_\_\_

### **Subarea where services are provided (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Antelope Valley Comprehensive AJCC                          | <input type="checkbox"/> Rancho Dominguez Comprehensive AJCC      |
| <input type="checkbox"/> East Los Angeles/West San Gabriel Valley Comprehensive AJCC | <input type="checkbox"/> Rio Hondo Comprehensive AJCC             |
| <input type="checkbox"/> East San Gabriel Valley Comprehensive AJCC                  | <input type="checkbox"/> Southeast Los Angeles Comprehensive AJCC |
| <input type="checkbox"/> Pomona Valley Comprehensive AJCC                            | <input type="checkbox"/> West Los Angeles Non-Comprehensive AJCC  |

### **Type of Provider (Check all that apply)**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Charitable/Faith Based Organization | <input type="checkbox"/> Proprietary School | <input type="checkbox"/> Community College   | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Community Based Organization        | <input type="checkbox"/> Non-profit         | <input type="checkbox"/> University<br>____ Public by Another<br>____ Private Agency | <input type="checkbox"/> Entity Regulated      |

### **Type of Organization**

- |  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> For-profit  | <input type="checkbox"/> Non-profit  |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other _____ |