



REQUEST FOR PROPOSAL FOR EMERGENCY PLANNING, DISASTER RECOVERY & HAZARD MITIGATION GRANT PROGRAM SERVICES RFP #:

Information Sheet
For Transactions and Conveyances
Corporate Identification

The Following information will be provided to the Franklin County Legal Services for incorporation in legal documents. It is; therefore, vital all information is accurate and complete. Please be certain all spelling, capitalization, etc. is exactly as registered with the State and Federal Government.

Is this a Florida Corporation: YES (Circle One) or NO

If not a Florida Corporation, In what State was it created? Name as spelled in that State.

What kind of Corporation is it? For Profit or Not for Profit

Is it in good Standing? YES or NO

Authorized to transact business in Florida? YES or NO

State of Florida, Department of State, Certificate of Authority Document No:

Does it use a registered fictitious name? YES or NO

Name of Officers: President, Vice President, Director, Other, Secretary, Treasurer, Director, Other

Name of Corporation (As used in Florida): (Spelled exactly as it is registered with the State or Federal Government)

Corporate Address: Post Office Box, City, State, Zip, Street Address, City, State, Zip (Please provide Post Office Box and Street Address for mail and/or express delivery; also, for recorded instruments involving land)

Federal Identification Number: (For all instruments to be recorded, taxpayer's identification is needed)

Name of Individual who will sign the instrument on behalf of the Company: (Upon Certification of Award, the President or Vice-President shall sign Contract. Any other officer shall have permission to sign via a resolution approved by the Board of Directors on behalf of the company. The awarded contractor shall submit a copy of the resolution together with the executed contract to the Contact listed in Section 3.1.)

Title of the individual named above who will sign on behalf of the Company:



CONTACT FOR CONTRACT ADMINISTRATION

Designate one person authorized to conduct contract Administration.

NAME: _____

TITLE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL: _____

SIGNATURE: _____