

**Appendix A**  
**REQUIRED INFORMATION FORM**  
**RFP 2020-04**  
**On-call Landscape Architect**

**1. IDENTITY OF OFFEROR:**

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ALTERNATE EMAIL CONTACT: \_\_\_\_\_

(SSCAFCA may attempt to contact Offeror via email. Please provide additional email contact information if available.)

TELEPHONE #: \_\_\_\_\_

FEIN: \_\_\_\_\_

CONTACT PERSON FOR PROPOSAL: \_\_\_\_\_

**2. DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST**

Please indicate any potential conflicts of interest including, but not limited to:

- Accepting an assignment where duty to the client would conflict with the Offeror's personal interest, or interest of another client.
- Performing work for a client or having an interest which conflicts with this contract.
- If NO conflict exists, write NONE below.

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(Please attach additional pages if necessary)

### 3. SIGNATURE

This page has been signed by a signatory with the authority to bind the Offeror. By signing this document, through the undersigned representative who has the authority to bind the Offeror, and by submitting this proposal in response to this RFP, the Offeror agrees to the following:

- To perform the services required by such RFP and to adhere to all requirements, specifications, terms and conditions of the RFP.
- To be bound by this proposal for a minimum of 60 days from the date proposals were due.
- Receipt of all addenda that have been issued for this RFP.

SIGNED BY:

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Name (print)

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Signature

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Title

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Date