**Appendix A – Vendor Response Form**

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| * + - 1. **Does your organization meet all the Minimum qualifications referenced in Article VII [Minimum Qualifications] of this Request for Proposals?** | |
| Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_ | |
| * + - 1. **If selected, confirm that all personnel providing services for SFHSS will be located within the United States (RFP Sec. 2.3.1).** | |
| Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_ | |
| * + - 1. **Company or Organization Contact, Tax, & Vendor Information Page** | |
| 1. Name: |  |
| 1. Address: |  |
| 1. Website: |  |
| 1. Federal Tax ID: |  |
| 1. City Supplier ID (if applicable): |  |
| * + - 1. **Primary Contacts for City Department of Technology and SFHSS Cybersecurity Assessment:** | |
| 1. Account Contact Name: |  |
| 1. Email: |  |
| 1. Telephone: |  |
|  |  |
| 1. Technical Contact Name: |  |
| 1. Email: |  |
| 1. Telephone: |  |