**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:
 |  |