



**Cover Form**

**Request for Proposal:** 2021 Boston Behavioral Risk Factor Survey

**Data Released:** October 20, 2020

Completion and submission of the cover form of the proposal information below indicates the intention of the applicant to comply with specifications, requirements, and terms of the Boston Public Health Commission’s request for proposal.

This form serves as the cover page for proposals. Proposals will be rejected without Cover Form.

**Applicant Information**

Company/Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Taxpayer Identification #: \_\_\_\_\_

**Vendor Classification**

*If applicable please check the classifications and submit certification(s) in the proposal.*

\_\_\_ Minority Owned Business Enterprise

\_\_\_ Lesbian, Gay, Bisexual or Transgender Business Enterprise

\_\_\_ Woman Owned Business Enterprise

\_\_\_ Service-Disabled Owned Business Enterprise

\_\_\_ Minority and Woman Business Enterprise

\_\_\_ Veteran Owned Business Enterprise

\_\_\_ Minority Women Non-Profit Organization

\_\_\_ Disability Owned Business Enterprise

\_\_\_ Minority Non-Profit Organization

**Applicant Contact**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_