

**SANTA BARBARA METROPOLITAN TRANSIT DISTRICT**  
**Short Range Transit Plan Request for Proposals (RFP)**  
**BIDDER/OFFEROR INFORMATION**

**General Information**

Business Name of Bidder/Offeror: \_\_\_\_\_

Business Type:    ☐ Corporation (State of Incorporation: \_\_\_\_\_ )        ☐ S Corporation        ☐ LLC  
                         ☐ Sole Proprietorship                      ☐ Partnership        ☐ Other: \_\_\_\_\_

Business Federal Tax ID Number: \_\_\_\_\_ (will be SSN if sole proprietorship)

**Corporate Headquarters**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Local Office**    ☐ (check box at left & leave below blank if the local office is the HQ or there is no local office)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Authorizing Contact** (person authorized to bind firm contractually who will sign certifications and contract)

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

Location:    ☐ HQ        ☐ Local Office        ☐ Other: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Project Manager** (primary contact during project implementation)

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

Location:    ☐ HQ        ☐ Local Office        ☐ Other: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_