

**STATE OF MARYLAND
DEPARTMENT OF HUMAN SERVICES**

BID FORM

(1) AGENCY: _____

(2) ADDRESS: _____

(3) SERVICE OR ITEM REQUIRED: _____

(4) SOLICITATION #: _____

(5) SOLICITATION RELEASE DATE: _____

(6) VENDOR RESPONDING: _____

ADDRESS: _____

PHONE NO.: _____

FEDERAL TAX I.D. #: _____

(7) TOTAL CONTRACT AMOUNT: \$ _____

(8) Are you a Minority Business Enterprise (MBE) Vendor: Yes ☐ No ☐

If yes, state MDOT State Certified Number: _____

(9) Are you a Small Business Reserve (SBR) Vendor: Yes ☐ No ☐

If yes, state eMM Small Business Reserve Number: _____

(10) Are you a Veteran-Owned Small Business Enterprise (VSBE) Vendor: Yes ☐ No ☐

If yes, state DUNS Number: _____

(11) _____
(COMPANY REPRESENTATIVE SIGNATURE TO BIND SERVICES & BID)

(NAME PRINTED or TYPED)

(DATE)