PALM BEACH COUNTY HOUSING AUTHORITY
RFP No.: FY2014 - FIN - 001

BUSINESS INFORMATION FORM

Name of Responding Institution	
Principal Business Address, City, State, Zip	
Local or Regional Servicing Office Business Address, City, State, Zip	
Certified as a Minority, Women Owned or Small Business (YES/NO)? If yes, attach certification information	
Federal ID#	
Name and Title of Contact Person at Responding Institution for Content Questions	
Content Contact Person E- Mail Address	
Content Contact Person Phone Number	
Name and Title of Contact Person at Responding Institution for Contracting Questions	
Contracting Contact Person E-Mail Address	
Contracting Contact Person Phone Number	
Signature of Official Authorized to Bind Responding Institution	
Printed Name and Title	
Date Signed	