**RFQ Information Form**

Please fill out the below information. If you have any questions, feel free to reach out to Alex Stultz (AStultz@health.in.gov) or Sean Stevens (SeStevens@health.in.gov).

|  |
| --- |
| **Scope of Work:** |
|  |

|  |  |
| --- | --- |
| **Amount:** | $ |
| **Fund:** |  |
| **Account:** |  |
| **Program:** |  |
| **Department:** |  |
| **Project:** |  |
| **Activity:** |  |

**Vendor #1**

|  |  |
| --- | --- |
| Vendor Name: |  |
| Supplier ID #: |  |
| Bidder ID #: |  |
| Contact Name: |  |
| Contact Email: |  |

**Vendor #2**

|  |  |
| --- | --- |
| Vendor Name: |  |
| Supplier ID #: |  |
| Bidder ID #: |  |
| Contact Name: |  |
| Contact Email: |  |

**Vendor #3**

|  |  |
| --- | --- |
| Vendor Name: |  |
| Supplier ID #: |  |
| Bidder ID #: |  |
| Contact Name: |  |
| Contact Email: |  |

**Vendor #4 (Minority/Women/Veteran Owned)**

|  |  |
| --- | --- |
| Vendor Name: |  |
| Supplier ID #: |  |
| Bidder ID #: |  |
| Contact Name: |  |
| Contact Email: |  |