

CIMPAD Secretariat RFP Application

1. APPLICANT INFORMATION

a. Legal Name:

b. Employer/Taxpayer Identification Number (EIN/TIN):

c. **Address:**

Street 1:

Street 2:

City:

State:

Country:

Zip/Postal Code:

d. **Organizational Unit:**

Department Name:

Division Name:

e. **Name and contact information of person to be contacted on matters involving this application:**

Prefix: First Name:

MI: Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Email:

f. **Type of Applicant: Select Applicant Type:**

g. **Proposed Start Date:**

h. **Authorized Representative:**

Prefix: First Name:

MI: Last Name:

Suffix:

Title:

Organizational Affiliation:

Telephone Number:

Email:

Signature of Authorized Representative: