

# GUILFORD COUNTY, NORTH CAROLINA

## Request for Strategic Planning Services Provider QUALIFICATIONS

### Information about the Supplier

- I. Firm Name \_\_\_\_\_
- II. Legal Name (if different) \_\_\_\_\_
- III. Years in Business \_\_\_\_\_
- IV. Number of years providing similar services \_\_\_\_\_
- V. Contact Person \_\_\_\_\_
- VI. Full Mailing Address \_\_\_\_\_
- VII. Telephone Number \_\_\_\_\_
- VIII. Fax Number \_\_\_\_\_
- IX. Email address of contact person \_\_\_\_\_
- X. Number of full time employees \_\_\_\_\_
- XI. Name and experience of proposed point of contact for this project