



Mayor and Council of Galena
101 S. Main Street, Galena, Maryland 21635
www.townofgalena.com • 410-648-5151 • info@townofgalena.com

RFP QUESTIONNAIRE

Bidding Firm Name: _____ Date: _____

Federal Tax ID #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Alternate Phone: _____

Email: _____ Alternate Email: _____

Printed Name & Title of Agent: _____

Signature of Agent: _____ Date: _____

References: List municipalities/other references from which you currently serve or have contracted with previously for collection and disposal of municipal waste or similar service in size. Please include letters and/or email addresses of satisfactory completion of the contract or satisfactory service.

Municipality/Other: _____

Address: _____

Contact Name & Title: _____

Phone Number: _____ Email Address: _____

Municipality/Other: _____

Address: _____

Contact Name & Title: _____

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Phone Number: _____ Email Address: _____

Municipality/Other: _____

Address: _____

Contact Name & Title: _____

Phone Number: _____ Email Address: _____

How many years of experience in this type of work under municipal contracts/similar service size has your organization had? _____

	Hours	Standard Hourly Rates	Quoted Hourly Rates	Total
Partners				
Managers				
Supervisory Staff				
Staff				
Other Expenses				
Total for all inclusive maximum price for audit				

By signing, you agree to the terms outlined in the Request for Proposal, certify that the information provided is true to the best of your knowledge, and that the total price quoted is a firm price for the total maximum cost for the audit.

 Signature of Agent for Auditor

 Date