

Vendor's Offer
Form 201-B (RFP)
"Return this Section with your Response"

It is required that Offeror complete, sign and submit the original of this form to the City Procurement Office with the proposal response. An unsigned "Vendor's Offer", late proposal response and/or a materially incomplete response will be considered nonresponsive and rejected.

Offeror is to type or legibly write in ink all information required below.

Company Name: <u>HonorHealth, dba HonorHealth Corporate Health</u>		
Company Mailing Address: <u>8125 N. Hayden Rd</u>		
City: <u>Scottsdale</u>	State: <u>Arizona</u>	Zip: <u>85258</u>
Contact Person: <u>Gail Lara</u>	Title: <u>Marketing Specialist</u>	
Phone No.: <u>480-882-4626</u>	FAX: _____	E-mail: <u>gail.lara@honorhealth.com</u>
<u>Company Tax Information:</u>		
Arizona Transaction Privilege (Sales) Tax No.: <u>Exempt</u> or _____		
Arizona Use Tax No.: <u>n/a</u>		
Federal I.D. No.: <u>86-0181654</u>		
City & State Where Sales Tax is Paid: _____, _____		
If a Tempe based firm, provide Tempe Transaction Privilege (Sales) Tax No.: _____		

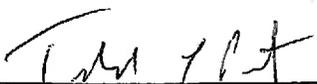
THIS PROPOSAL IS OFFERED BY

Name of Authorized Individual (TYPE OR PRINT IN INK) Todd A. LaPorte, CPA, MBA

Title of Authorized Individual (TYPE OR PRINT IN INK) Senior Vice President, Chief Financial and Strategy Officer

REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

By signing this Vendor's Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. Failure to sign and return this form with proposal response will be considered nonresponsive and rejected.



Signature of Authorized Offeror
(H:/RFP 3-2008)

6/12/15

Date

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Company Name: <u>Occupational Health Centers of the Southwest, P.A. dba Concentra Medical Centers</u>		
Company Mailing Address: <u>5080 Spectrum Drive, Suite 1200W</u>		
City: <u>Addison</u>	State: <u>TX</u>	Zip: <u>75001</u>
Contact Person: <u>Travis Cary</u>		Title: <u>Major Account Executive</u>
Phone No.: <u>480.208.0026</u>	FAX: <u>602.244.9543</u>	E-mail: <u>travis_cary@concentra.com</u>
Company Tax Information:		
Arizona Transaction Privilege (Sales) Tax No.: <u>07685782-L</u> or		
Arizona Use Tax No.: <u>07685782-L</u>		
Federal I.D. No.: <u>86-0750222</u>		
City & State Where Sales Tax is Paid: <u>Tempe</u> , <u>AZ</u>		
If a Tempe based firm, provide Tempe Transaction Privilege (Sales) Tax No.: <u>205347</u>		

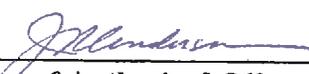
THIS PROPOSAL IS OFFERED BY

Name of Authorized Individual (TYPE OR PRINT IN INK) John R. Anderson, DO

Title of Authorized Individual (TYPE OR PRINT IN INK) President

REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

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Signature of Authorized Offeror
(H./RFP 3-2008)

6/11/2015

Date