

**ATTACHMENT B**  
**VENDOR DATA SHEET**

**1. Proposing Company Name:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Toll Free Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP + Four: \_\_\_\_\_

**2. Contact Person in the event there are questions about your proposal.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Toll Free Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP + Four: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**3. All vendors that have 25 or more employees and that are awarded \$25,000 or more on this contract will be required to submit Civil Rights Compliance information. Please list the person in your Company we can contact about this plan.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Toll Free Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP + Four: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**4. Mailing address where purchase orders/contracts are to be mailed, and person the Wisconsin Department can contact concerning orders and billing.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Toll Free Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP + Four: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_