

**THREE RIVERS REGIONAL COMMISSION
AREA AGENCY ON AGING**

Bidder Signature Page

List service(s) offered in the RFP:

1. _____
2. _____
3. _____

Name of Organization: _____

Physical Address: Street: _____

City: _____ State: _____ Zip: _____

Mailing Address: PO Box: _____

City: _____ State: _____ Zip: _____

Organization Web Address (if applicable): _____

Type of Organization: Public Private Non-Profit
 Private Proprietary Minority

Primary Contact Person:

Name: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Signature of Person Legally Authorized to Act for Agency

Date