

APPENDIX B



*City Of Rock Island
Invitation To Bid*

BID TITLE: HEALTH CARE FACILITATOR SERVICES

BIDDER/OFFER OR AFFIDAVIT

The undersigned certifies that he/she is an agent of the company shown and as such agent is authorized to submit this bid on its behalf.

FED TAX ID # _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE () _____

FAX () _____

Authorized Signature _____

NAME/TITLE _____

DATE _____