

**ATTACHMENT A**  
**Elderly Nutrition Program Home Delivered Meal Catering**  
**Waupaca County, Wisconsin**

**BIDDER INFORMATION**

Bidder shall provide the complete information requested below. Include the legal name of the bidder and signature of the person legally authorized to bind the Bidder to a contract. Bid is invalid without a signature.

COMPANY NAME			
ADDRESS	CITY	STATE	ZIP
BIDDER NAME		BIDDER TITLE	
EMAIL			
SIGNATURE		TELEPHONE NUMBER	
DATE		FAX NUMBER	
FEIN		<b>OR</b>	SSN (to be provided if awarded the contract)

<b>Person to be contacted if there are question about your bid</b> (if different from above)	
CONTACT NAME	CONTACT TITLE
EMAIL	
TELEPHONE NUMBER	FAX NUMBER