INSTRUCTIONS – FORM F

1. Form F shall be completed, signed and returned with the solicitation package.
2. Fill in all necessary information in order to complete Form F.
3. Form F is available at: www.sdcre.com and shall be used to complete Form F. The County will not accept submittal packages without Form F.

INDIVIDUAL INFORMATION (MUST BE COMPLETED FOR EACH INTERESTED PARTY)

Name: _____ SSN: _____ Date: _____

Tax ID# if Corporation: _____

Address: _____ City: _____ State: _____ Zip: _____

Present Business Address: _____

If at the above address less than one (1) year provide previous address:
Previous Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Business Phone: _____

Date of Birth: _____ Driver's License #: _____ State: _____

Proposed Lease Term: _____ Proposed Rent: _____

CORPORATE INFORMATION (if applicable) * *Please include a copy of the Articles of Incorporation with this questionnaire.*

Corporate Name: _____ DBA: _____
Business Address: _____ City: _____ State: _____ Zip: _____
How Long has the business been incorporated? _____

Officer: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____

Officer: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____

ANY LEASE AGREEMENT SIGNED WITH A CORPORATION WILL REQUIRE A STATEMENT OF PERSONAL GUARANTEE TO BE SIGNED.

GENERAL and FINANCIAL INFORMATION

Landlord: _____ Address: _____ Phone: _____

Personal Bank
Checking Branch/City: _____ Account #: _____
Savings Branch/City: _____ Account #: _____

Business Bank
Name on Account: _____ Branch/City: _____ Account #: _____

PROPOSAL DECLARATIONS

1. Confirm (YES/NO) your acceptance of the requirements of Section 3.0 – Scope of Operations ("SOO") of the Request for Quotes.

   YES ☐ NO ☐

   If your organization has exceptions to the SOO requirements, please indicate your proposed changes in your response. Provide explanations to support any alternative standards/language being proposed. Failure to specifically reject a proposed requirement will be deemed acceptance.

2. Confirm acceptance "YES/NO" of the County of San Diego's Draft Agreement (Attachment B) (including insurance requirements):

   YES ☐ NO ☐

   If "NO," provide a detailed list of exceptions to the terms and conditions, the nature of its concern, and what terms the Offeror is willing to accept as Exhibit 5 of the proposal.

BUSINESS DECLARATIONS

Has this business, its officers, partners, or owners ever been delinquent in payment of any financial obligations? No/Yes
(If yes, please explain)

_____

_____

Has this business, its officers, partners, or owners ever been a defendant in an unlawful detainer and/or breach of contract lawsuit? No/Yes
(If yes, please explain)

_____

_____

CREDIT REFERENCES

Name: Phone Number:
Street Address: City: State: Zip:

Name: Phone Number:
Street Address: City: State: Zip:

Name: Phone Number:
Street Address: City: State: Zip:

TRADE REFERENCES

Name: Phone Number:
Street Address: _ City: State: Zip: _

Name: Phone Number:
Street Address: City: State: Zip:

Name: Phone Number:
Street Address: City: State: Zip:

I/We hereby authorize the County of San Diego to conduct a credit investigation/request credit reports and verify all information on this application by contacting the sources listed or any other sources available. I/We understand that if information cannot be verified, this application may not be approved. Submission of this application does not constitute approval or require the County of San Diego to enter into negotiations for the sale, lease or use of County property.

Signature: Title: Date: