



## FORM F – INTERESTED PARTY QUESTIONNAIRE

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### **INSTRUCTIONS – FORM F**

1. Form F shall be completed, signed and returned with the procurement package.
2. Fill in all necessary information in order to complete Form F.
3. Form F is available at: [www.sdcre.com](http://www.sdcre.com) and shall be used to complete Form F. The County will not accept procurement 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.

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Signature:

Title:

Date:

