

## Exhibit B

### REQUEST FOR PROFESSIONAL QUALIFICATIONS AND PROPOSAL

851 Sunnyslope Rd

#### PROPOSER IDENTIFICATION

1. Legal name of the Company: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Business Telephone: \_\_\_\_\_
5. Facsimile Telephone: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Type of Business: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ (State)  
Other: \_\_\_\_\_
8. Business License Number issued by the City where the Proposer's principal place of business is located.  
Number: \_\_\_\_\_ Issuing City/State: \_\_\_\_\_
9. Federal Tax ID NO. \_\_\_\_\_ DIR No. \_\_\_\_\_
10. Proposer's Project Manager: \_\_\_\_\_
11. Contact Person if different from Project Manager: \_\_\_\_\_

Signature of Preparer of Proposal

\_\_\_\_\_ Date: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_