

**ATTACHMENT D**

<b>PROJECT:</b>	<b>EECBG VMware® Virtualization Project for Des Moines County, Iowa</b>
<b>PROPOSAL SUBMISSION DATE:</b>	Submission Date
<b>SUBMITTING VENDOR:</b>	Company Name
<b>VENDOR ADDRESS:</b>	Address
	City, State Zip
<b>VENDOR WEBSITE:</b>	URL
<b>VENDOR PHONE:</b>	Phone Number
<b>VENDOR PROJECT MANAGER:</b> <small>(This shall be the main contact person for the project)</small>	Project Manager Name
<b>VENDOR PROJECT MANAGER E-MAIL ADDRESS:</b>	Project Manager E-Mail
<b>VENDOR PROJECT MANAGER PHONE NUMBER:</b>	Project Manager Phone

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