

**Pre-Proposal Conference Sign-in Sheet
K22-0002-29 Print-to-Mail Recovery & Support**

Name: <u>Bonnie Curry</u> Company: <u>Pinnacle Data Systems, LLC</u> Address: <u>PO Box 746782</u> City: <u>Atlanta</u> State, Zip: <u>GA, 30374</u> Office: _____ Cell: _____ E-mail: <u>bonnie.curry@pinnacledatasystems.com</u>	Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No
Name: <u>Kimberly Bearfield, Justin Newcomer</u> Company: <u>Strategic Factory</u> Address: <u>11195 Dolfield Boulevard</u> City: <u>Owings Mill</u> State, Zip: <u>MD, 21117</u> Office: _____ Cell: _____ E-mail: <u>info@strategicfactory.com</u>	Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No
Name: _____ Company: _____ Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No
Name: _____ Company: _____ Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No

Pre-Proposal Conference Sign-in Sheet
K21-0040-25I Assessments for Trauma Response and Understanding

Name: _____ Company: _____ Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No
Name: _____ Company: _____ Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No
Name: _____ Company: _____ Address: _____ City: _____ State, Zip: _____ Office: _____ Cell: _____ E-mail: _____	Certified MBE: Yes No Small Business: Yes No Veteran Owned: Yes No Veteran Owned Small Business: Yes No
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