

RFQ No. 606618-23 Skilled Nursing Services

Organization Information

Company Information

Company Name: _____
Address: _____
Website: _____
Telephone: _____
Fax: _____

Primary Contact Information

Name: _____
Telephone: _____
Address: _____
Email: _____

Provide a brief description of your company's size (employees), branches (local, statewide or national), and when established (year).

Indicate if your firm has an office in Clark County and the year it was established, if any.

Indicate if your firm is a minority-owned business, women-owned business, physically challenged business, small business, or a Nevada business enterprise.