

Pre Proposal Information Packet (PIIP)

Your Company's Name _____

Address _____

Phone: Day _____ Evening _____

Fax No _____ Best Time to Call _____

Type of Business _____

**Please give a good faith estimate as to the amount of billable hours per week your company will need for security _____

Approx. how many guards per day will you need? _____

Names and Titles of Contact Persons: 1st _____

2nd _____

What is Your Time Line? _____

Please give us (2) available dates and times for a proposal meeting; please allow enough time (approx. 15 – 20 min) for a meaningful and productive meeting.

First Date _____ Time _____

Second Date _____ Time _____

The name of the person or persons our representative or representatives will be meeting with _____

WHAT ARE YOUR COMPANY'S SECURITY NEEDS? _____

WHAT ARE YOUR REALISTIC OUTCOMES AND MEASURABLE RESULTS?

Use a much space as need and feel free to use the backs of these pages if needed.

WHAT WOULD YOU LIKE TO TELL US ABOUT YOUR COMPANY / CORPORATION / INSTITUTION THAT YOU WOULD WANT US TO KNOW?__

HOW CAN WE BEST SERVE YOU? _____

Thank you for taking the time to fill out this pre-proposal information packet. We look forward to meeting and working with you.

Respectfully Submitted,

Ray Marshall

President, CEO
JBP Security Services