**ATTACHMENT A**

**Technical Proposal Forms**

The following forms must be included within the Technical Proposal. However, please refer to Section 3 for further required contents of the Technical Proposal. Completion of these forms is not the entire Proposal.

**NOTE: PLEASE RETURN FORMS IN THE SAME ORDER GIVEN.**

**Transmittal Letter (Mandatory)**

Profile of Proposer

\_\_\_ Annual Sales

\_\_\_ Contractor License

\_\_\_ Current Workload

Attach Parent/Branch Organizational Chart

Contractor Relevant Experience Form and References (4)

Key Personnel Forms for one (1) Account Manager/Coordinator

Key Personnel References (3) for Account Manager/Coordinator

Copy of Contract Coordinators Certifications and License

Key Personnel Forms for two (2) Field Superintendents/Forman

Key Personnel References (3) for two (2) Field Superintendents/Forman

Copy of Field Superintendents Certifications and License

Key Personnel Form for Experienced Project Estimator

Key Personnel References (3) for Experienced Project Estimator

Copy of Project Estimator Certifications and License

Statement of Approach

Bid Proposal Affidavit

Acknowledgement of Amendment(s) (if any)

Copy of Restoration Certification

Copy of Company’s written Safety Program

# PROFILE OF PROPOSER

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Proposing Firm: (Company Name) |  | | | |
| Address of Parent Company: |  | | | |
| Date of Incorporation: |  | | | |
| State of Incorporation: |  | | | |
| Type of Organization |  | Corporation |  | Partnership |
|  | Individual |  | Joint Venture |
| Number of Years in Business: |  | | | |
| Number of Years in Business under Present Name: |  | | | |
| Other or Former Names under which your Organization has operated: |  | | | |
| Number of Geographic Locations: |  | | | |
| Location of all Geographic Offices (if applicable) and their function (add additional rows as necessary): | | | | |
| Location: | Function: | | | |
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|  |  | | | |
|  |  | | | |
| Location of Branch Office which will service UMB: |  | | | |
| Type of Services which will be provided by Branch Office which will service UMB: |  | | | |
| Type of Services which will be provided by Parent Company to UMB: |  | | | |
| Type of Support Services provided by Parent Office to the Branch Office which will service UMB: |  | | | |
| Name of Principal(s) and Title(s): |  | | | |

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| --- | --- |
| Brief History of Company:Inclusive of how the firm was established and how the firm has developed/ evolved over the years. Indicate the type of work performed, the client base, and the year in which the firm commenced services and on what types of project/contracts initially |  |

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| Provide and attach Organizational Chart of both the Parent Company (if applicable) and the Local Branch Office which will service UMB. | | | | | |
| Company Website | |  | | | |
| Total Company Office which will service UMB: | | | | | |
| Number of Staff by Type & Location | | Total Company: | | Office Servicing UMB: | |
| Employees *(Excluding Supervisory)*: | |  | |  | |
| Project Managers: | |  | |  | |
| Field Supervisory: | |  | |  | |
| Office Personnel *(Excluding Supervisory)*: | |  | |  | |
| Office Supervisory Personnel: | |  | |  | |
| Total of All Employees: | |  | |  | |
| Provide Bonding Information: | | | | | |
| Bonding Company: | |  | | | |
| Bonding Capacity: | |  | | | |
| Annual Sales Volume: Local Branch which will service UMB: | | | | | |
| Year | Annual Sales Volume $ | | Number of Projects/Contracts Completed | | % of work $ volume that is emergency remediation/mitigation and restoration and reconstruction services |
| 2024 |  | |  | |  |
| 2023 |  | |  | |  |
| 2022 |  | |  | |  |
| 2021 |  | |  | |  |
| Provide and attach Firm’s Contractor License. | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Current Workload: add additional rows below as needed. | | | | | | | |
| List of Current Projects/Contracts Committed | | | | | | | |
| Project Name | Dollar Volume | | % Compete | Anticipated Completion Date (Month/Year) | Bonded? Yes/No | Assigned Project Manager | Assigned Field Superintendent |
|  |  | |  |  |  |  |  |
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| Describe the firm's ability to accomplish the proposed services on this project within specified time frames | |  | | | | | |

# CONTRACTORS FIRM EXPERIENCE FORM

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| --- | --- |
| Proposing Firm: |  |
| Contractor Relevant Project/Contract Experience\*\*: A total of four (4) contract/projects are to be listed. \*\*If a Proposer finds the space provided is insufficient for any category, he can attach additional pages to this form as he finds appropriate and just indicate on this form to "See Attached Page".  Of the four (4) Contractors Firm contracts/projects:  1 of 4 must be emergency remediation/mitigation;  1 of 4 must be restoration and reconstruction;  1 of 4 must be electronic equipment end electronic media recovery and restoration;  1 of 4 must be document recovery and restoration;  2 of 4 must be in an occupied setting with higher consideration if this is the case for all four projects.  1 of 4 must be in Academic Healthcare / Higher Education setting, with greater consideration given if more than one.  1 of 4 must demonstrate experience and capability in performing work in high-rise buildings  One (1) project must be complete and occupied for at least six (6) months with higher consideration if this is the case for the others;  One (1) project can be substantially complete (available for use for its intended purpose) with completed projects preferred; and  One (1) project may be in Restoration and Reconstruction but must be as least fifty (50%) percent complete with completed projects preferred.  Make certain that the References contact information is accurate as the University will be contacting them for a reference.  Refer to Section 3 for details | |

**Forms for Contractor Relevant Project/Contract Experience continued on following pages.**

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| Project/Contract #1 Title & Location: |  | | | | | | | | | | | | | | | | | |
| Staff who Performed on this Project/Contract: | Acct Mngr/Coordinator**:** | | | | | |  | | | | | | | | | | | |
| Field Superintendent**:** | | | | | |  | | | | | | | | | | | |
| Project Estimator**:** | | | | | |  | | | | | | | | | | | |
| Project/Contract Description: (Type of Work and Description of contract/project, Setting (urban, occupied, higher education, Academic Healthcare, etc.) |  | | | | | | | | | | | | | | | | | |
| Start Date: |  | | | | | | | | | | | | | | | | | |
| Original Completion Date: |  | | | | | | | | | | | | | | | | | |
| Actual Completion/End Date: |  | | | | | | | | | | | | | | | | | |
| Project/Contract Method:Check all boxes that apply. |  | Maintenance Contract | |  | | | | T&M | | |  | NTE | | | | |  | Lump Sum/ FP |
|  | Trade Contractor / Subcontractor | |  | | | | Other: **(Describe to right)** | | |  | | | | | | | |
| $ Proposal Amount of Project/Contract: |  | | | | | | | | | | | | | | | | | |
| $ Final Amount of Project/Contract: |  | | | | | | | | | | | | | | | | | |
| % Increase from Proposal to Final Amount: |  | | | | | | | | | | | | | | | | | |
| Total Gross Square Footage: |  | | | | | | | | | | | | | | | | | |
| Setting:Check all boxes that apply. |  | | Occupied | | |  | | | Urban Environment | | | |  | | | Higher Education | | |
|  | | Academic Healthcare | | |  | | | High Rise | | | |  | | | | | |
| Work Performed:Check all boxes that apply. |  | Emergency Remediation/Mitigation | | |  | | | | | Restoration/Reconstruction | | | |  | Document Recovery | | | |
|  | | Electronic Equipment/ Media Recovery/ Restoration | | |  | | | Other:(Describe to right) | | | |  | | | | | |
| Brief, but Detailed, Description of the Contract/Project: |  | | | | | | | | | | | | | | | | | |
| Similarities of the reference Project/Contract to this contract: |  | | | | | | | | | | | | | | | | | |
| Project Owner (Company Name): |  | | | | | | | | | | | | | | | | | |
| Owner Address: |  | | | | | | | | | | | | | | | | | |
| Owner Contact Name: |  | | | | | | | | | | | | | | | | | |
| Contact Telephone Number: |  | | | | | | | | | | | | | | | | | |
| Contact Email Address: |  | | | | | | | | | | | | | | | | | |
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| Project/Contract #2 Title & Location: |  | | | | | | | | | | | | | | | | | |
| Staff who Performed on this Project/Contract: | Acct Mngr/Coordinator**:** | | | | | |  | | | | | | | | | | | |
| Field Superintendent**:** | | | | | |  | | | | | | | | | | | |
| Project Estimator**:** | | | | | |  | | | | | | | | | | | |
| Project/Contract Description: (Type of Work and Description of contract/project, Setting (urban, occupied, higher education, Academic Healthcare, etc.) |  | | | | | | | | | | | | | | | | | |
| Start Date: |  | | | | | | | | | | | | | | | | | |
| Original Completion Date: |  | | | | | | | | | | | | | | | | | |
| Actual Completion/End Date: |  | | | | | | | | | | | | | | | | | |
| Project/Contract Method:Check all boxes that apply. |  | Maintenance Contract | |  | | | | T&M | | |  | NTE | | | | |  | Lump Sum/ FP |
|  | Trade Contractor / Subcontractor | |  | | | | Other:(Describe to right) | | |  | | | | | | | |
| $ Proposal Amount of Project/Contract: |  | | | | | | | | | | | | | | | | | |
| $ Final Amount of Project/Contract: |  | | | | | | | | | | | | | | | | | |
| % Increase from Proposal to Final Amount: |  | | | | | | | | | | | | | | | | | |
| Total Gross Square Footage: |  | | | | | | | | | | | | | | | | | |
| Setting:Check all boxes that apply. |  | | Occupied | | |  | | | | Urban Environment | | |  | | | Higher Education | | |
|  | | Academic Healthcare | | |  | | | | High Rise | | |  | | | | | |
| Work Performed:Check all boxes that apply. |  | Emergency Remediation/Mitigation | | |  | | | | Restoration/Reconstruction | | | | |  | Document Recovery | | | |
|  | | Electronic Equipment/ Media Recovery/ Restoration | | |  | | | | Other:(Describe to right) | | |  | | | | | |
| Brief, but Detailed, Description of the Contract/Project: |  | | | | | | | | | | | | | | | | | |
| Similarities of the reference Project/Contract to this contract: |  | | | | | | | | | | | | | | | | | |
| Project Owner (Company Name): |  | | | | | | | | | | | | | | | | | |
| Owner Address: |  | | | | | | | | | | | | | | | | | |
| Owner Contact Name: |  | | | | | | | | | | | | | | | | | |
| Contact Telephone Number: |  | | | | | | | | | | | | | | | | | |
| Contact Email Address: |  | | | | | | | | | | | | | | | | | |
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| Project/Contract #3 Title & Location: |  | | | | | | | | | | | | | | | | |
| Staff who Performed on this Project/Contract: | Acct Mngr/Coordinator**:** | | | | |  | | | | | | | | | | | |
| Field Superintendent**:** | | | | |  | | | | | | | | | | | |
| Project Estimator**:** | | | | |  | | | | | | | | | | | |
| Project/Contract Description: (Type of Work and Description of contract/project, Setting (urban, occupied, higher education, Academic Healthcare, etc.) |  | | | | | | | | | | | | | | | | |
| Start Date: |  | | | | | | | | | | | | | | | | |
| Original Completion Date: |  | | | | | | | | | | | | | | | | |
| Actual Completion/End Date: |  | | | | | | | | | | | | | | | | |
| Project/Contract Method:Check all boxes that apply. |  | Maintenance Contract |  | | | | T&M | | |  | NTE | | | | |  | Lump Sum/ FP |
|  | Trade Contractor / Subcontractor |  | | | | Other:(Describe to right) | | |  | | | | | | | |
| $ Proposal Amount of Project/Contract: |  | | | | | | | | | | | | | | | | |
| $ Final Amount of Project/Contract: |  | | | | | | | | | | | | | | | | |
| % Increase from Proposal to Final Amount: |  | | | | | | | | | | | | | | | | |
| Total Gross Square Footage: |  | | | | | | | | | | | | | | | | |
| Setting:Check all boxes that apply. |  | Occupied | | |  | | | Urban Environment | | | |  | | | Higher Education | | |
|  | Academic Healthcare | | |  | | | High Rise | | | |  | | | | | |
| Work Performed:Check all boxes that apply. |  | Emergency Remediation/Mitigation | |  | | | | | Restoration/Reconstruction | | | |  | Document Recovery | | | |
|  | Electronic Equipment/ Media Recovery/ Restoration | | |  | | | Other:(Describe to right) | | | |  | | | | | |
| Brief, but Detailed, Description of the Contract/Project: |  | | | | | | | | | | | | | | | | |
| Similarities of the reference Project/Contract to this contract: |  | | | | | | | | | | | | | | | | |
| Project Owner (Company Name): |  | | | | | | | | | | | | | | | | |
| Owner Address: |  | | | | | | | | | | | | | | | | |
| Owner Contact Name: |  | | | | | | | | | | | | | | | | |
| Contact Telephone Number: |  | | | | | | | | | | | | | | | | |
| Contact Email Address: |  | | | | | | | | | | | | | | | | |
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| Project/Contract #4 Title & Location: |  | | | | | | | | | | | | | | | | | |
| Staff who Performed on this Project/Contract: | Acct Mngr/Coordinator**:** | | | | | |  | | | | | | | | | | | |
| Field Superintendent**:** | | | | | |  | | | | | | | | | | | |
| Project Estimator**:** | | | | | |  | | | | | | | | | | | |
| Project/Contract Description: (Type of Work and Description of contract/project, Setting (urban, occupied, higher education, Academic Healthcare, etc.) |  | | | | | | | | | | | | | | | | | |
| Start Date: |  | | | | | | | | | | | | | | | | | |
| Original Completion Date: |  | | | | | | | | | | | | | | | | | |
| Actual Completion/End Date: |  | | | | | | | | | | | | | | | | | |
| Project/Contract Method:Check all boxes that apply. |  | Maintenance Contract | |  | | | | T&M | | |  | NTE | | | | |  | Lump Sum/ FP |
|  | Trade Contractor / Subcontractor | |  | | | | Other:(Describe to right) | | |  | | | | | | | |
| $ Proposal Amount of Project/Contract: |  | | | | | | | | | | | | | | | | | |
| $ Final Amount of Project/Contract: |  | | | | | | | | | | | | | | | | | |
| % Increase from Proposal to Final Amount: |  | | | | | | | | | | | | | | | | | |
| Total Gross Square Footage: |  | | | | | | | | | | | | | | | | | |
| Setting:Check all boxes that apply. |  | | Occupied | | |  | | | | Urban Environment | | |  | | | Higher Education | | |
|  | | Academic Healthcare | | |  | | | | High Rise | | |  | | | | | |
| Work Performed:Check all boxes that apply. |  | Emergency Remediation/Mitigation | | |  | | | | Restoration/Reconstruction | | | | |  | Document Recovery | | | |
|  | | Electronic Equipment/ Media Recovery/ Restoration | | |  | | | | Other:(Describe to right) | | |  | | | | | |
| Brief, but Detailed, Description of the Contract/Project: |  | | | | | | | | | | | | | | | | | |
| Similarities of the reference Project/Contract to this contract: |  | | | | | | | | | | | | | | | | | |
| Project Owner (Company Name): |  | | | | | | | | | | | | | | | | | |
| Owner Address: |  | | | | | | | | | | | | | | | | | |
| Customer/Owner Contact Name: |  | | | | | | | | | | | | | | | | | |
| Contact Telephone Number: |  | | | | | | | | | | | | | | | | | |
| Contact Email Address: |  | | | | | | | | | | | | | | | | | |
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| Project/Contract References: Provide four (4) references for the University to check for the purpose of establishing experience on the Project/Contracts provided by the Proposers Projects/Contracts above. | |
| Reference Contact Person: |  |
| Contact Company: |  |
| Address: |  |
| Telephone #: |  |
| Email Address: |  |
| Start/Completion Dates: |  |
| Project/Contract Title: |  |
| Project/Contract Method: |  |
| Project/Contract Setting: |  |
| Project/Contract Description or Work Performed: |  |
|  | |
| Reference Contact Person: |  |
| Contact Company: |  |
| Address: |  |
| Telephone #: |  |
| Email Address: |  |
| Start/Completion Dates: |  |
| Project/Contract Title: |  |
| Project/Contract Method: |  |
| Project/Contract Setting: |  |
| Project/Contract Description or Work Performed: |  |
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| --- | --- | --- |
| Reference Contact Person: |  | |
| Contact Company: |  | |
| Address: |  | |
| Telephone #: |  | |
| Email Address: |  | |
| Start/Completion Dates: |  | |
| Project/Contract Title: |  | |
| Project/Contract Method: |  | |
| Project/Contract Setting: |  | |
| Project/Contract Description or Work Performed: |  | |
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| Reference Contact Person: | |  |
| Contact Company: | |  |
| Address: | |  |
| Telephone #: | |  |
| Email Address: | |  |
| Start/Completion Dates: | |  |
| Project/Contract Title: | |  |
| Project/Contract Method: | |  |
| Project/Contract Setting: | |  |
| Project/Contract Description or Work Performed: | |  |
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# KEY PERSONNEL FORMS

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Proposing Firm: |  | | | | | | | | |
| Key Person’s Name: |  | | | | | | | | |
| Position to be Assigned: |  | | Acct Mngr/Coordinator | |  | Field Superintendent | |  | Project Estimator |
| Technical Training/Educational Background: | | | | | | | | | |
| Association/Institution | Apprenticeship/Degree – Major | | | | | | Licenses/Seminars, Date Earned | | |
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| Employment History and Qualifications (insert additional as required): | | | | | | | | | |
| (If a person has more than three employers in his/her employment history, please provide complete employment history via supplemental page(s) and attach to this form.) Must have a minimum of at least five (5) years’ experience from issue date of proposal in the field of remediation and two (2) years of supervision | | | | | | | | | |
| Current Employer’s Name | |  | | | | | | | |
| Dates of Employment: | |  | | | | | | | |
| Position Held: | | | | Duration by Date: | | | | | |
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| Prior Employer’s Name: | |  | | | | | | | |
| Dates of Employment: | |  | | | | | | | |
| Position Held: | | Duration by Date: | | | | | | | |
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| (Repeat 3.2. Prior Employer fields until complete employment history has been recorded on the form) | | | | | | | | | |
|  | | | | | | | | | |
| Achievements/Professional/Trade Certifications/Other: | | | | | | | | | |
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| Similar Project/Contract Experience\*\*: Please note: A minimum of three (3) contract/projects are to be listed for each key person. \*\*If a Proposer finds the space provided is insufficient for any category, he can attach additional pages to this form as he finds appropriate and just indicate on this form to "See Attached Page".  All references should be a contact person who can comment on your Key Personnel’s ability and performance. Make certain that the References contact information is accurate as the University will be contacting them.  Refer to Section 3 for details | | | | | | | | | | | | |
| Project/Contract #1 Title & Location: |  | | | | | | | | | | | |
| Project/Contract Description: (Type of Work and Description of contract/project, Setting (urban, occupied, higher education, research labs, etc.) |  | | | | | | | | | | | |
| Contract Type: |  | Maintenance Contract |  | | T&M | |  | NTE | | |  | Lump Sum/ FP |
|  | Trade Contractor / Subcontractor |  | | Other:(Describe to right) | |  | | | | | |
| Key Person’s Role: |  | | | | | | | | | | | |
| $ Value of Project/Contract: |  | | | | | | | | | | | |
| Start Date/End Date: |  | | | | | | | | | | | |
| Reference Contact: |  | | | | | | | | | | | |
| Telephone #: |  | | | | | | | | | | | |
| Email Address: |  | | | | | | | | | | | |
| Contact Company: |  | | | | | | | | | | | |
| Project/Contract Title: |  | | | | | | | | | | | |
| Project/Contract Description: |  | | | | | | | | | | | |
| Similarities of the reference Project/Contract to this contract: |  | | | | | | | | | | | |
| Setting:Check all boxes that apply. |  | Occupied | |  | | Urban Environment | | |  | Higher Education | | |
|  | Academic Healthcare | |  | | High Rise | | |  | | | |
| Work Performed:Check all boxes that apply. |  | Emergency Remediation/Mitigation | |  | | Restoration/Reconstruction | | |  | Document Recovery | | |
|  | Electronic Equipment/ Media Recovery/ Restoration | |  | | Other:(Describe to right) | | |  | | | |
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| Project/Contract #1 Title & Location: |  | | | | | | | | | | | | | | | | |
| Project/Contract Description: (Type of Work and Description of contract/project, Setting (urban, occupied, higher education, research labs, etc.) |  | | | | | | | | | | | | | | | | |
| Contract Type: |  | Maintenance Contract | |  | | | T&M | | |  | NTE | | | | |  | Lump Sum/ FP |
|  | Trade Contractor / Subcontractor | |  | | | Other:(Describe to right) | | |  | | | | | | | |
| Key Person’s Role: |  | | | | | | | | | | | | | | | | |
| $ Value of Project/Contract: |  | | | | | | | | | | | | | | | | |
| Start Date/End Date: |  | | | | | | | | | | | | | | | | |
| Reference Contact: |  | | | | | | | | | | | | | | | | |
| Telephone #: |  | | | | | | | | | | | | | | | | |
| Email Address: |  | | | | | | | | | | | | | | | | |
| Contact Company: |  | | | | | | | | | | | | | | | | |
| Project/Contract Title: |  | | | | | | | | | | | | | | | | |
| Project/Contract Description: |  | | | | | | | | | | | | | | | | |
| Similarities of the reference Project/Contract to this contract: |  | | | | | | | | | | | | | | | | |
| Setting:Check all boxes that apply. |  | | Occupied | | |  | | | Urban Environment | | |  | | | Higher Education | | |
|  | | Academic Healthcare | | |  | | | High Rise | | |  | | | | | |
| Work Performed:Check all boxes that apply. |  | Emergency Remediation/Mitigation | | |  | | | Restoration/Reconstruction | | | | |  | Document Recovery | | | |
|  | | Electronic Equipment/ Media Recovery/ Restoration | | |  | | | Other:(Describe to right) | | |  | | | | | |
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| Project/Contract #1 Title & Location: |  | | | | | | | | | | | | | | | | |
| Project/Contract Description: (Type of Work and Description of contract/project, Setting (urban, occupied, higher education, research labs, etc.) |  | | | | | | | | | | | | | | | | |
| Contract Type: |  | Maintenance Contract | |  | | | T&M | | |  | NTE | | | | |  | Lump Sum/ FP |
|  | Trade Contractor / Subcontractor | |  | | | Other:(Describe to right) | | |  | | | | | | | |
| Key Person’s Role: |  | | | | | | | | | | | | | | | | |
| $ Value of Project/Contract: |  | | | | | | | | | | | | | | | | |
| Start Date/End Date: |  | | | | | | | | | | | | | | | | |
| Reference Contact: |  | | | | | | | | | | | | | | | | |
| Telephone #: |  | | | | | | | | | | | | | | | | |
| Email Address: |  | | | | | | | | | | | | | | | | |
| Contact Company: |  | | | | | | | | | | | | | | | | |
| Project/Contract Title: |  | | | | | | | | | | | | | | | | |
| Project/Contract Description: |  | | | | | | | | | | | | | | | | |
| Similarities of the reference Project/Contract to this contract: |  | | | | | | | | | | | | | | | | |
| Setting:Check all boxes that apply. |  | | Occupied | | |  | | | Urban Environment | | |  | | | Higher Education | | |
|  | | Academic Healthcare | | |  | | | High Rise | | |  | | | | | |
| Work Performed:Check all boxes that apply. |  | Emergency Remediation/Mitigation | | |  | | | Restoration/Reconstruction | | | | |  | Document Recovery | | | |
|  | | Electronic Equipment/ Media Recovery/ Restoration | | |  | | | Other:(Describe to right) | | |  | | | | | |
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# STATEMENT OF APPROACH FORM

In response to the Solicitation, Proposers are to provide a detailed description of approach and methodology to be used to accomplish the “Scope of Work” as specified in this RFP. The information to be provided under this category is to include, but not limited to the following:

## An implementation plan that describes in detail:

## (a) the methods, including controls by which your firm manages projects of the type (Remediation/Mitigation, Restoration and Reconstruction, Electronic Equipment and Electronic Media Recovery and Restoration and Document Recovery and Restoration) sought in this RFP; and

## (b) any other project management or implementation strategies or techniques that the respondent intends to employ in carrying out the work described herein.

## Detailed description of efforts your firm will undertake to achieve client satisfaction and to satisfy the requirements of the “Scope of Work” Section.

# BID/PROPOSAL AFFIDAVIT

A. Authority

I HEREBY AFFIRM THAT:

I (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ possess the legal authority to make this Affidavit.

B. CERTIFICATION REGARDING COMMERCIAL NONDISCRIMINATION

The undersigned proposer hereby certifies and agrees that the following information is correct: In preparing its proposal on this project, the proposer has considered all proposals submitted from qualified, potential subcontractors and suppliers, and has not engaged in “discrimination” as defined in §19-103 of the State Finance and Procurement Article of the Annotated Code of Maryland. “Discrimination” means any disadvantage, difference, distinction, or preference in the solicitation, selection, hiring, or commercial treatment of a vendor, subcontractor, or commercial customer on the basis of race, color, religion, ancestry, or national origin, sex, age, marital status, sexual orientation, sexual identity, genetic information or an individual’s refusal to submit to a genetic test or make available the results of a genetic test, disability, or any otherwise unlawful use of characteristics regarding the vendor’s, supplier’s, or commercial customer’s employees or owners. “Discrimination” also includes retaliating against any person or other entity for reporting any incident of “discrimination”. Without limiting any other provision of the solicitation on this project, it is understood that, if the certification is false, such false certification constitutes grounds for the State to reject the bid submitted by the proposer on this project, and terminate any contract awarded based on the proposal. As part of its bid or proposal, the proposer herewith submits a list of all instances within the past 4 years where there has been a final adjudicated determination in a legal or administrative proceeding in the State of Maryland that the proposer discriminated against subcontractors, vendors, suppliers, or commercial customers, and a description of the status or resolution of that determination, including any remedial action taken. Proposer agrees to comply in all respects with the State’s Commercial Nondiscrimination Policy as described under Title 19 of the State Finance and Procurement Article of the Annotated Code of Maryland.

B-1. Certification Regarding Minority Business Enterprises.

The undersigned proposer hereby certifies and agrees that it has fully complied with the State Minority Business Enterprise Law, State Finance and Procurement Article, §14-308(a)(2), Annotated Code of Maryland, which provides that, except as otherwise provided by law, a contractor may not identify a certified minority business enterprise in a bid or proposal and:

(1) Fail to request, receive, or otherwise obtain authorization from the certified minority business enterprise to identify the certified minority proposal;

(2) Fail to notify the certified minority business enterprise before execution of the contract of its inclusion in the bid or proposal;

(3) Fail to use the certified minority business enterprise in the performance of the contract; or

(4) Pay the certified minority business enterprise solely for the use of its name in the bid or proposal.

Without limiting any other provision of the solicitation on this project, it is understood that if the certification is false, such false certification constitutes grounds for the State to reject the proposal submitted by the proposer on this project, and terminate any contract awarded based on the proposal.

B-2. Certification Regarding Veteran-Owned Small Business Enterprises. The undersigned proposer hereby certifies and agrees that it has fully complied with the State veteran-owned small business enterprise law, State Finance and Procurement Article, §14-605, Annotated Code of Maryland, which provides that a person may not:

(1) Knowingly and with intent to defraud, fraudulently obtain, attempt to obtain, or aid another person in fraudulently obtaining or attempting to obtain public money, procurement contracts, or funds expended under a procurement contract to which the person is not entitled under this title;

(2) Knowingly and with intent to defraud, fraudulently represent participation of a veteran–owned small business enterprise in order to obtain or retain a proposal preference or a procurement contract;

(3) Willfully and knowingly make or subscribe to any statement, declaration, or other document that is fraudulent or false as to any material matter, whether or not that falsity or fraud is committed with the knowledge or consent of the person authorized or required to present the declaration, statement, or document;

(4) Willfully and knowingly aid, assist in, procure, counsel, or advise the preparation or presentation of a declaration, statement, or other document that is fraudulent or false as to any material matter, regardless of whether that falsity or fraud is committed with the knowledge or consent of the person authorized or required to present the declaration, statement, or document;

(5) Willfully and knowingly fail to file any declaration or notice with the unit that is required by COMAR 21.11.12; or

(6) Establish, knowingly aid in the establishment of, or exercise control over a business found to have violated a provision of §B-2(1)—(5) of this regulation.

C. AFFIRMATION REGARDING BRIBERY CONVICTIONS

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above business (as is defined in Section 16-101(b) of the State Finance and Procurement Article of the Annotated Code of Maryland), or any of its officers, directors, partners, controlling stockholders, or any of its employees directly involved in the business's contracting activities including obtaining or performing contracts with public bodies has been convicted of, or has had probation before judgment imposed pursuant to Criminal Procedure Article, §6-220, Annotated Code of Maryland, or has pleaded nolo contendere to a charge of, bribery, attempted bribery, or conspiracy to bribe in violation of Maryland law, or of the law of any other state or federal law, except as follows (indicate the reasons why the affirmation cannot be given and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of person(s) involved, and their current positions and responsibilities with the business):

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D. AFFIRMATION REGARDING OTHER CONVICTIONS

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above business, or any of its officers, directors, partners, controlling stockholders, or any of its employees directly involved in the business's contracting activities including obtaining or performing contracts with public bodies, has:

(1) Been convicted under state or federal statute of:

(a) A criminal offense incident to obtaining, attempting to obtain, or performing a public or private contract; or

(b) Fraud, embezzlement, theft, forgery, falsification or destruction of records or receiving stolen property;

(2) Been convicted of any criminal violation of a state or federal antitrust statute;

(3) Been convicted under the provisions of Title 18 of the United States Code for violation of the Racketeer Influenced and Corrupt Organization Act, 18 U.S.C. §1961 et seq., or the Mail Fraud Act, 18 U.S.C. §1341 et seq., for acts in connection with the submission of bids or proposals for a public or private contract;

(4) Been convicted of a violation of the State Minority Business Enterprise Law, §14-308 of the State Finance and Procurement Article of the Annotated Code of Maryland;

(5) Been convicted of a violation of §11-205.1 of the State Finance and Procurement Article of the Annotated Code of Maryland;

(6) Been convicted of conspiracy to commit any act or omission that would constitute grounds for conviction or liability under any law or statute described in subsections (1)—(5) above;

(7) Been found civilly liable under a state or federal antitrust statute for acts or omissions in connection with the submission of bids or proposals for a public or private contract;

(8) Been found in a final adjudicated decision to have violated the Commercial Nondiscrimination Policy under Title 19 of the State Finance and Procurement Article of the Annotated Code of Maryland with regard to a public or private contract;

(9) Been convicted of a violation of one or more of the following provisions of the Internal Revenue Code:

(a) §7201, Attempt to Evade or Defeat Tax;

(b) §7203, Willful Failure to File Return, Supply Information, or Pay Tax,

(c) §7205, Fraudulent Withholding Exemption Certificate or Failure to Supply Information,

(d) §7206, Fraud and False Statements, or

(e) §7207 Fraudulent Returns, Statements, or Other Documents;

(10) Been convicted of a violation of 18 U.S.C. §286 Conspiracy to Defraud the Government with Respect to Claims, 18 U.S.C. §287, False, Fictitious, or Fraudulent Claims, or 18 U.S.C. §371, Conspiracy to Defraud the United States;

(11) Been convicted of a violation of the Tax-General Article, Title 13, Subtitle 7 or Subtitle 10, Annotated Code of Maryland;

(12) Been found to have willfully or knowingly violated State Prevailing Wage Laws as provided in the State Finance and Procurement Article, Title 17, Subtitle 2, Annotated Code of Maryland, if:

(a) A court:

(i) Made the finding; and

(ii) Decision became final; or

(b) The finding was:

(i) Made in a contested case under the Maryland Administrative Procedure Act; and

(ii) Not overturned on judicial review;

(13) Been found to have willfully or knowingly violated State Living Wage Laws as provided in the State Finance and Procurement Article, Title 18, Annotated Code of Maryland, if:

(a) A court:

(i) Made the finding; and

(ii) Decision became final; or

(b) The finding was:

(i) Made in a contested case under the Maryland Administrative Procedure Act; and

(ii) Not overturned on judicial review;

(14) Been found to have willfully or knowingly violated the Labor and Employment Article, Title 3, Subtitles 3, 4, or 5, or Title 5, Annotated Code of Maryland, if:

(a) A court:

(i) Made the finding; and

(ii) Decision became final; or

(b) The finding was:

(i) Made in a contested case under the Maryland Administrative Procedure Act; and

(ii) Not overturned on judicial review; or

(15) Admitted in writing or under oath, during the course of an official investigation or other proceedings, acts or omissions that would constitute grounds for conviction or liability under any law or statute described in §§B and C and subsections D(1)—(14) of this regulation, except as follows (indicate reasons why the affirmations cannot be given, and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of the person(s) involved and their current positions and responsibilities with the business, and the status of any debarment):

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E. AFFIRMATION REGARDING DEBARMENT

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above business, or any of its officers, directors, partners, controlling stockholders, or any of its employees directly involved in the business's contracting activities, including obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity, except as follows (list each debarment or suspension providing the dates of the suspension or debarment, the name of the public entity and the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the business, the grounds of the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds of the debarment or suspension).

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F. AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES

I FURTHER AFFIRM THAT:

(1) The business was not established and it does not operate in a manner designed to evade the application of or defeat the purpose of debarment pursuant to Sections 16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and

(2) The business is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred business, except as follows (you must indicate the reasons why the affirmations cannot be given without qualification):

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G. SUB-CONTRACT AFFIRMATION

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above business, has knowingly entered into a contract with a public body under which a person debarred or suspended under Title 16 of the State Finance and Procurement Article of the Annotated Code of Maryland will provide, directly or indirectly, supplies, services, architectural services, construction related services, leases of real property, or construction.

H. AFFIRMATION REGARDING COLLUSION

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above business has:

(1) Agreed, conspired, connived, or colluded to produce a deceptive show of competition in the compilation of the accompanying proposal or offer that is being submitted;

(2) In any manner, directly or indirectly, entered into any agreement of any kind to fix the bid price or price proposal of the proposer or offeror or of any competitor, or otherwise taken any action in restraint of free competitive bidding in connection with the contract for which the accompanying proposal or offer is submitted.

I. CERTIFICATION OF TAX PAYMENT

I FURTHER AFFIRM THAT: Except as validly contested, the business has paid, or has arranged for payment of, all taxes due the State of Maryland and has filed all required returns and reports with the Comptroller of the Treasury, the State Department of Assessments and Taxation, and the Maryland Department of Labor, as applicable, and will have paid all withholding taxes due the State of Maryland prior to final settlement.

J. CONTINGENT FEES

I FURTHER AFFIRM THAT:

The business has not employed or retained any person, partnership, corporation, or other entity, other than a bona fide employee, bona fide agent, bona fide salesperson, or commercial selling agency working for the business, to solicit or secure the Contract, and that the business has not paid or agreed to pay any person, partnership, corporation, or other entity, other than a bona fide employee, bona fide agent, bona fide salesperson, or commercial selling agency, any fee or any other consideration contingent on the making of the Contract.

K. CERTIFICATION REGARDING INVESTMENTS IN IRAN

(1) The undersigned certifies that, in accordance with State Finance and Procurement Article, §17-705, Annotated Code of Maryland:

(a) It is not identified on the list created by the Board of Public Works as a person engaging in investment activities in Iran as described in State Finance and Procurement Article, §17-702, Annotated Code of Maryland; and

(b) It is not engaging in investment activities in Iran as described in State Finance and Procurement Article, §17-702, Annotated Code of Maryland.

2. The undersigned is unable to make the above certification regarding its investment activities in Iran due to the following activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

L. CONFLICT MINERALS ORIGINATED IN THE DEMOCRATIC REPUBLIC OF CONGO (FOR SUPPLIES AND SERVICES CONTRACTS)

I FURTHER AFFIRM THAT:

The business has complied with the provisions of State Finance and Procurement Article, §14-413, Annotated Code of Maryland governing proper disclosure of certain information regarding conflict minerals originating in the Democratic Republic of Congo or its neighboring countries as required by federal law.

M. I FURTHER AFFIRM THAT:

Any claims of environmental attributes made relating to a product or service included in the bid or proposal are consistent with the Federal Trade Commission’s Guides for the Use of Environmental Marketing Claims as provided in 16 CFR §260, that apply to claims about the environmental attributes of a product, package, or service in connection with the marketing, offering for sale, or sale of such item or service.

N. ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT this Affidavit is to be furnished to the Procurement Officer and may be distributed to units of: (1) the State of Maryland; (2) counties or other subdivisions of the State of Maryland; (3) other states; and (4) the federal government. I further acknowledge that this Affidavit is subject to applicable laws of the United States and the State of Maryland, both criminal and civil, and that nothing in this Affidavit or any contract resulting from the submission of this bid or proposal shall be construed to supersede, amend, modify or waive, on behalf of the State of Maryland, or any unit of the State of Maryland having jurisdiction, the exercise of any statutory right or remedy conferred by the Constitution and the laws of Maryland with respect to any misrepresentation made or any violation of the obligations, terms and covenants undertaken by the above business with respect to (1) this Affidavit, (2) the contract, and (3) other Affidavits comprising part of the contract.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

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

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name of Authorized Representative and Affiant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature of Authorized Representative and Affiant)

# ACKNOWLEDGEMENT OF RECEIPT OF AMENDMENT

**RFP NO.**: RFP #91186 JL

**TECHNICAL PROPOSAL DUE DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RFP FOR**: EMERGENCY REMEDIATION/MITIGATION AND RESTORATION AND RECONSTRUCTION SERVICES FOR UMB

**NAME OF PROPOSER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA**

The undersigned, hereby acknowledges the receipt of the following addenda:

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| --- | --- | --- | --- |
| Addendum No. |  | Dated: |  |
| Addendum No. |  | Dated: |  |
| Addendum No. |  | Dated: |  |
| Addendum No. |  | Dated: |  |
| Addendum No. |  | Dated: |  |
| Addendum No. |  | Dated: |  |

As stated in the RFP documents, this form is included in our Technical Proposal.

|  |  |
| --- | --- |
| Signature: |  |
| Name Printed: |  |
| Title: |  |
| Date: |  |

END OF ADDENDA FORM