
ATTACHMENT A – PROPOSAL FORM

Instructions: Potential vendors submitting proposals must complete this form in its entirety and accurately. Failure to submit all attachments can result in the vendor being considered non-responsive. Responses to the following questions must be submitted and signed by an authorized Company representative. This questionnaire is provided as a fillable form .pdf document. Bidders may also complete all required attachments as a stand-alone response (written or typed).

PRINCIPAL OFFICE INFORMATION / ADDRESS:

Individual / Company Name: _____

Street Address _____

City _____

State _____ Zip Code _____

Telephone _____

Email _____

Taxpayer Identification Number _____

VENDOR QUESTIONNAIRE:

- 1) COMPANY HISTORY AND BACKGROUND: Please describe the history of your company, number of active employees, location of corporate office, etc.



- 2) **VENDOR EXPERIENCE:** Describe your firm’s experience with DSX card access systems and “lockdown” options.

- 3) **PERSONNEL / QUALIFICATIONS:** Provide information regarding the primary personnel that will be assigned to the project. List the name, address, and telephone number of a responsible official of the firm who will be primary contact.

- 4) **SCHEDULING / AVAILABILITY:** Describe your firm’s capability to provide the requested services based on current and anticipated workload. How do you ensure that your team isn’t overcommitted? What demands will you place on the County?

- 5) **SUPPORT AND MAINTENANCE:** Provide terms and conditions of proposed support and maintenance. Confirm that all equipment installed shall have a 2-year warranty for parts and labor from startup. Confirm that all software upgrades and/or patches as they become available will be included in the ongoing support and maintenance during the 2-year warranty.



6) SUBCONTRACTORS: Do you anticipate needing to subcontract any part of the work? Please describe.

7) OTHER INFORMATION – Include any other information that would be helpful to the County. Please describe any vendor assumptions.

VENDOR QUALIFICATIONS:

Please confirm that your organization has the capacity and qualifications to complete the project from start to finish at a standard at or above industry standards. Please check each box to confirm qualifications.

- Minimum of five (5) years of experience in programming DSX / HID security systems for a “lockdown” protocol.
- Able to provide proof of the following coverages as stated in the solicitation document: workers compensation, employer’s liability, comprehensive general liability.



REFERENCES

Please state references of similar that required similar size and scope of project.

Reference 1			
Customer Name		Contact Person	
Contact Number		Contact Email	
Project Description			

Reference 2			
Customer Name		Contact Person	
Contact Number		Contact Email	
Project Description			

The undersigned hereby authorizes the County to obtain all information that said recipient may have concerning the undersigned's contract performance history and releases all parties from all liability for any damage that may result from furnishing the same to the County. A photocopy of this authorization shall be deemed equivalent to the original.

Authorized Representatives Signature

Date

Authorized Representative's Printed Name, Title, and Company Name (and Legal Name) for Business



ATTACHMENT B – PRICING FORM

The undersigned hereby agrees to perform all work in accordance with the specifications, terms, and conditions of the County’s Invitation to Bid 20-16 for the costs described below. The fees proposed shall be considered firm and cannot be altered after receipt of the bid by the County per the terms of this ITB. The pricing shall not change over the term of any contract executed as a result of this ITB. All costs must be identified in contractor’s response.

REVIEW:

Do you confirm that you have thoroughly read and reviewed all documents associated with this solicitation?

YES _____ NO _____

PRICING:

<u>Pricing (US \$ dollars)</u>	
Labor	
Materials / Equipment	
Other (please list)	
<u>TOTAL LUMP SUM</u>	

TIMELINE:

How long will the project take from installation start to completion? _____

How long will training take of Ottawa County staff / employees? _____

When are you able to start work? _____

The undersigned has examined the location, instructions to the bidders, and bid documents prepared by the County of Ottawa for ITB 20-16. The undersign hereby offers to enter into a contract to perform the work for the sum stated under “Total Lump Sum” in lawful money of the United States. All applicable Federal and State of Michigan taxes are included in the total lump sum. All cash and contingency are included in the total lump sum.

Authorized Representatives Signature

Date

Authorized Representative’s Printed Name, Title, and Company Name (and Legal Name) for Business



ATTACHMENT C – CONTRACTOR CONDITIONS

Contract has read the solicitation documents in their entirety and agrees to the conditions set forth below.

Incurred Expenses / Confidentiality:

The County is not responsible for any cost or expense incurred by Contractor preparing and submitting qualifications prior to execution of an agreement.

Conflict of Interest:

By submission of a response, the vendor agrees that at the time of submittal, he/she: (1) has no interest (including financial benefit, commission, etc.) and shall not acquire any interest, direct or indirect, that would conflict in any manner or degree with the performance of vendor’s services, or (2) benefit from an award resulting in a “Conflict of Interest.” Contractor shall identify interests, and the individuals involved, on separate paper with the response and understand that the County, at its discretion may reject their submission.

Iran Linked Business:

By submission of this form, the Contractor certifies, under civil penalty for false certification, that it is fully eligible to do so under law and that it is not an “Iran linked business,” as that term is defined in the Michigan Economic Sanctions Act, 2012 P.A. 517.

Debarment & Suspension

The Contractor certifies to the best of its knowledge and belief, that the corporation, LLC, partnership, or sole proprietor, and/or its’ principals, owners, officers, shareholders, key employees, directors and member partners: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this form been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Authorized Representatives Signature

Date

Authorized Representative’s Printed Name, Title, and Company Name (and Legal Name) for Business