**Appendix A**

**Introduction**

This section contains various forms that should be prepared and submitted along with the Vendor’s proposal. The intent of providing such forms is to ensure comparability between proposals. Included in this section are the following forms:

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## 

## Company Background Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vendor name: | | | | |  | | | |
| Software brand name: | | | | |  | | | |
| Software version proposed  (years in production): | | | | |  | | | |
| Is Vendor prime contractor: | | | | | Yes □ | | | No □ |
|  | **What are the top three differentiators of your company and its proposed solution?** | | | | | | | |
|  |  | | | | | | | |
|  | **What strategic alliance have you made to further strengthen your product and services?** | | | | | | | |
|  |  | | | | | | | |
|  | **How do you guarantee the services provided by your company?** | | | | | | | |
|  |  | | | | | | | |
|  | **What is your marketplace focus?** | | | | | | | |
|  | □ Transit | | | | | □ Large Government (e.g., counties /states) | | |
| □ Small/Local Governments | | | | | □ Other (specify): | | |
|  | **What is your preferred customer size (quantify in terms of budget, customers, population, etc.)?** | | | | | | | |
|  |  | | | | | | | |
|  | **Please describe the level of research and development investment you make in your products (i.e. – annual budget, head count, etc.).** | | | | | | | |
|  |  | | | | | | | |
|  | **How many years have you been selling your solution to the public sector?** | | | | | | | |
|  |  | | | | | | | |
|  | **How many fully operational customer installations of the version proposed in this RFP, currently in production, has the Vendor completed?** | | | | | | | |
|  | | | Tennessee | | | | Nationally | |
| Transit | | |  | | | |  | |
| Other public sector | | |  | | | |  | |
| Other non-public sector | | |  | | | |  | |
| Overall: | | |  | | | |  | |
|  | **How many fully operational customer installations, in total, has the Vendor completed?** | | | | | | | |
|  | | | Tennessee | | | | Nationally | |
| Transit | | |  | | | |  | |
| Other public sector | | |  | | | |  | |
| Other non-public sector | | |  | | | |  | |
| Overall: | | |  | | | |  | |
|  | **How many current system implementations of your solution are in-process within both the State of Tennessee and the region of the Country that includes the State of Tennessee?** | | | | | | | |
|  | | | | Current in-process Implementations | | | | |
| State of Tennessee | | | |  | | | | |
| Region | | | |  | | | | |
| Total: | | | |  | | | | |
|  | **Please state the year the Vendor started in the business of selling the proposed solution to local governments:** | | | | | | | |
|  | | | | | | | | |
|  | **Where is the Vendor’s closest support facility/sales office to Memphis, TN?** | | | | | | | |
|  | | | | | | | | |
|  | **Where is the Vendor’s company headquarters?** | | | | | | | |
|  | | | | | | | | |
|  | **Please list the Vendor’s sales in the previous three years:** | | | | | | | |
| **Year** | | **Sales** | | | | | | |
| **2020** | |  | | | | | | |
| **2019** | |  | | | | | | |
| **2018** | |  | | | | | | |
|  | **How many total employees does the Vendor have in each of the following categories?** | | | | | | | |
| **Area** | | | | Number | | | | |
| Sales/Marketing | | | |  | | | | |
| Management/Administration | | | |  | | | | |
| Help Desk Staff | | | |  | | | | |
| Development Staff | | | |  | | | | |
| Other (please list) | | | |  | | | | |
| Total: | | | |  | | | | |
|  | **What organization would the Vendor recommend for a site visit?** | | | | | | | |
|  | | | | | | | | |
|  | **Please disclose any outstanding litigation against your company.** | | | | | | | |
|  | | | | | | | | |
|  | **Please list any third-party vendors you’re partnering with and proposing as part of your response, as well as the products and versions proposed, and the scope areas/functionality they will be providing.** | | | | | | | |
|  | | | | | | | | |

## Technical and Vendor Hosting Requirements Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **Indicate Tier certification for design and operation of the hosting locations mentioned above. Indicate if a private link (MPLS or EVPL) can be set up to the hosting locations mentioned above.** | | | |
|  |  | | | |
| **2.** | **How do you track monthly usage for subscription-based services?** | | | |
|  |  | | | |
| **3.** | **Does the system interface support a browser interface with or without the help of additional components?** | | | |
|  |  | | | |
| **4.** | **Please describe the minimum commitment term (in years) for a vendor-hosted option and note the term assumed for determining the proposed costs.** | | | |
|  |  | | | |
| **5.** | **Please list the connectivity options and carriers available at your hosting facility.** | | | |
|  |  | | | |
| **6.** | **Estimate the bandwidth that your solution will require based upon users, application environment, and any other factors.** | | | |
|  |  | | | |
| System Performance | | | | |
| **7.** | **How much notification will you give <client> in advance of any scheduled downtime?** | | | |
|  |  | | | |
| **8.** | **What is your process for notifying the customer and fixing bugs once they have been identified?** | | | |
|  |  | | | |
| **9.** | **Please provide the total number of clients and corresponding number of end-users of hosted solutions currently supported by your proposed solution.** | | | |
|  |  | | | |
| **10.** | **What system/application availability and response time will your proposed system meet? What are the County’s responsibilities to ensure this level of performance?** | | | |
|  |  | | | |
| Security | | | | |
| **11.** | **Describe the identification and authorization capabilities of your proposed solution for users.** | | | |
|  |  | | | |
| **12.** | **Provide list of compatible directory services and identity access management solutions. Describe how your system interoperates with Active Directory.** | | | |
|  |  | | | |
| **13.** | **Confirm ability to back up the data to an external third party on-premise or cloud-based storage environments, and costs associated to exporting the data.** | | | |
|  |  | | | |
| **14.** | **Provide list of compatible third-party backup/recovery solutions** | | | |
|  |  | | | |
| **15.** | **Indicate cybersecurity solutions that are in place to prevent, detect, contain and recover from security threats such as malware injection, side channel attacks, exploitation of API vulnerabilities, or distributed denial of service (DDoS) attacks.** | | | |
|  |  | | | |
| **16.** | **Confirm (Yes/No) that detailed logs will be provided for forensic investigation of security incidents, that can aid in identifying the nature and extent of the affectation, including the data that was exfiltrated or compromised.** | | | |
|  | YES □ | NO □ | | |
| **17.** | **Indicate what support will be provided to carry out forensic investigation of security incidents.** | | | |
|  |  | | | |
| 18. | **Does the system interface support a browser interface with or without the help of additional components?** | | | |
|  |  | | | |
|  | **How are hosted software applications deployed for use by numerous customers (dedicated servers for each hosted customer, or is a single set of applications utilized for all customers)?** | | | |
|  |  | | | |
|  | **Indicate if you comply or do not comply with the following:** | | | |
| **Requirement** | | | **Comply?** | |
| **YES** | **NO** |
| The system shall be available 24 x 7 x 365 with a minimum of 99.95% uptime, measured on a monthly basis (excluding maintenance windows). | | |  |  |
| Data shall reside in the United States at all times. | | |  |  |

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Comply?** | |
| **YES** | **NO** |
| All system data and files shall be regularly backed up to a secondary data center/disaster recovery site outside of the main data center’s same weather pattern and power grid. Backups shall occur such that the County loses no more than 2 hours of transactions due to an unexpected outage. |  |  |
| Hosting Providers/Respondents shall have a documented Security Incident Response Plan (SIRP) that addresses the Respondent’s plan for preventing, detecting, and responding to security breaches or cyberattacks in which the County’s data or operations may be compromised. |  |  |
| Hosting Providers/Respondents shall have a documented Disaster Recovery Plan (DRP) that addresses recovery and maintenance of system data and operations in response to hazard or emergency scenarios. This plan shall be tested regularly to ensure that it is both tangible and actionable. |  |  |
| Hosting Providers /Respondents shall have a documented Business Continuity Plan (BCP) that addresses localized or system outages that create an impact to one or more business functions. The BCP should account for the rapid restoration of services and redundancies in technology or process. |  |  |
| Hosting Providers /Respondents shall undergo a SSAE 18 SOC2 Type 2 audit covering at a minimum the Security and Availability Principles on an annual basis and must have no unaddressed material concerns. Respondent shall provide a copy of their most recent audit report prior to contract award. |  |  |
| Hosting Providers/Respondents shall support and be compliant with all relevant regulations and requirements including, but not limited to:   * PCI-DSS * FERPA, * IPAA/HITECH * GDPR. |  |  |

## Project Management Approach Form

|  |  |
| --- | --- |
|  | **How does the Vendor plan to manage the material that is produced during the project through potential solutions such as a collaboration environment?** |
|  |  |
|  | **Provide specific information on project close-out activities to transition support to the County.** |
|  |  |
|  | **How will project management be resourced?** |
|  |  |
|  | **What is the total proposed duration of the implementation?** |
|  |  |
|  | **What is the earliest date that the Vendor is available to begin implementation?** |
|  |  |

## Report Development Form

|  |  |
| --- | --- |
|  | **What is the query tool and report writer that Vendor is proposing?** |
|  |  |
|  | **Describe your process for determining the scope of what reports will have to be developed (not out-of-the-box) and what effort it will take to develop and test them?** |
|  |  |
|  | **It is expected that the system will provide the ability for end-user querying and reporting to be performed without impacting the performance of the transactional system. Does your solution meet this expectation?** |
|  |  |

## Training Form

|  |  |
| --- | --- |
|  | **What is your recommended approach to training (End-user vs. train the trainer) for this City and why?** |
|  |  |
|  | **What types of training documentation will be developed by the Vendor?** |
|  |  |
|  | **Describe the opportunities for ongoing training.** |
|  |  |
|  | **Describe online training options.** |
|  |  |

## Ongoing Support Services Form

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Support and Maintenance** | | | | | | | | | |
| **1.** | **Provide the minimum, maximum, and average response times (hours) provided as part of the basic support agreement and average response time for the past twelve (12) months.** | | | | | | | | |
|  |  | | | | | | | | |
| **2.** | **Describe Help Desk services for technical support and end users. Specify days and hours and any escalation options and procedures.** | | | | | | | | |
|  |  | | | | | | | | |
| **3.** | **Identify the party or business unit that is responsible for the support options provided above.** | | | | | | | | |
|  |  | | | | | | | | |
| **4.** | **Provide the following regarding the number of business staff County should expect to be committed to providing on-going application support:**   * **Role** * **Responsibility** * **Estimated time commitment in terms of FTE time** | | | | | | | | |
| **Role** | | | **Responsibility** | | | | | **Estimated commitment in FTE** | |
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| **5.** | **For ongoing IT staff resources, please provide the following information:**   * **Type of positions required (e.g., help desk, trainer, DBA, report developer, application support, system administrator, security administration, etc.)** * **Number of FTEs within each position** * **Skill sets required for each position** * **Training required and whether the Vendor provides this training** | | | | | | | | |
| **Position** | | **# FTE** | | **Skill Sets Required** | **Training Required** | | **Vendor Training** | | |
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| **6.** | **It is anticipated that all system updates, security updates and release patches will be applied in a timely manner. For any on-premises components these should be easily downloadable, if applicable. An accumulation patch process is desired. Provide information on how software updates are received, processed, and distributed, including but not limited to:** | | | | | | | | |
| **6a.** | * **Backward version compatibility and support** | | | | | | | | |
|  |  | | | | | | | | |
| **6b.** | * **Timeframe/policy on moving to new versions** | | | | | | | | |
|  |  | | | | | | | | |
| **6c.** | * **Automatic product upgrades versus on-demand** | | | | | | | | |
|  |  | | | | | | | | |
| **6d.** | * **Ease of implementation for County staff versus need to contract for services** | | | | | | | | |
|  |  | | | | | | | | |
| **6e.** | * **Use of tools to deploy new versions and patches** | | | | | | | | |
|  |  | | | | | | | | |
| **6f.** | * **Additional information** | | | | | | | | |
|  |  | | | | | | | | |
| **7.** | **Describe the product release cycle including:** | | | | | | | | |
| **7a.** | * **How long releases typically take to implement** | | | | | | | | |
|  |  | | | | | | | | |
| **7b.** | * **Frequency of upgrades/enhancements or new versions (major and minor version releases)** | | | | | | | | |
|  |  | | | | | | | | |
| **8.** | **Do you limit the number of County staff who can call in for support? If yes, explain your model and how additional staff can be included? If there is no limitation, the maintenance agreement should clearly state this fact. Are you agreeable to include such language in our contract?** | | | | | | | | |
|  |  | | | | | | | | |
| **9.** | **Describe the types of support needed to keep the product under current support and to keep the product enhanced.** | | | | | | | | |
|  |  | | | | | | | | |
| **10.** | **Do you need remote access to the server to support/maintain it? If yes, describe the method(s) and security used.** | | | | | | | | |
|  |  | | | | | | | | |
| **11.** | **Do you offer post-implementation support? If so, what is the duration?** | | | | | | | | |
|  |  | | | | | | | | |
| **12.** | **Will the vendor contractually agree to the following?** | | | | | | | | |
|  | **Contractual Inquiry Term Condition** | | | | | **Yes** | | | **No** |
| **12a.** | **Provide staff for training and implementation** | | | | |  | | |  |
| **12b.** | **Non-performance holdbacks?** | | | | |  | | |  |
| **12c.** | **Payment holdbacks until fully operational and formally accepted?** | | | | |  | | |  |
| **12d.** | **Allow County the licensed to thto the ct (HRSDOto approve Vendor staff assigned to help with implementation?** | | | | |  | | |  |
| **12e.** | **Ongoing costs are waived during the first year of implementation** | | | | |  | | |  |
| **12f.** | **Ongoing cost for software modules is waived until the implementation phase for the given modules begins** | | | | |  | | |  |
| **Software Updates and Distribution** | | | | | | | | | |
| **13.** | **Describe the product release cycle including:** | | | | | | | | |
| **13a.** | * **Frequency of upgrades/enhancements or new versions (major and minor version releases)** | | | | | | | | |
|  |  | | | | | | | | |
| **13b.** | * **Contents of release** | | | | | | | | |
|  |  | | | | | | | | |
| **13c.** | * **How long release takes to implement** | | | | | | | | |
|  |  | | | | | | | | |
| **13d.** | * **Use of release notes** | | | | | | | | |
|  |  | | | | | | | | |
| **13e.** | * **Backward version compatibility and support of back versions** | | | | | | | | |
|  |  | | | | | | | | |
| **13f.** | * **Timeframe/policy on moving to new versions** | | | | | | | | |
|  |  | | | | | | | | |
| **13g.** | * **Automatic product upgrades or on demand** | | | | | | | | |
|  |  | | | | | | | | |
| **13h.** | * **Ease of implementation for County staff versus need to contract for services** | | | | | | | | |
|  |  | | | | | | | | |
| **13i.** | * **Additional information** | | | | | | | | |
|  |  | | | | | | | | |
| **Customizations** | | | | | | | | | |
| **14.** | **How can County customize or configure the software directly without Vendor involvement?** | | | | | | | | |
|  |  | | | | | | | | |
| **15.** | **How are local customizations or configurations maintained when installing new releases of the Vendor’s software?** | | | | | | | | |
|  |  | | | | | | | | |

## Exceptions and Deviations

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RFP Section Number** | **RFP Page Number** | **Exception (Provide Detailed Explanation)** | **Alternative Offered, if any** | **Exception Impact to County – Cost** | **Exception impact to County - Other** |
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**Shelby County Government**

**EOC Program**

## EOC Compliance Form A

**LOSB UTILIZATION PLAN (20% goal)**

(To Be Submitted with the Bid/Proposal)

**Company Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bid No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do certify that on the following procurement opportunity,

(Vendor)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the following will be utilized as sub-vendors, suppliers,

(Opportunity)

or to provide other services/goods:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOSB firm** | **Shelby County**  **LOSB #** | **Value ($)** | **Items of work** | **Vendor address, tel#** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL Subcontractor Participation\*\* ($)** | |  |
| **TOTAL Proposed Costs for this Bid/Contract\*($)** | |  |
| **TOTAL Subcontractor Participation\*\* (%)** | |  |

*(If additional space is needed this form may be duplicated)*

*\* = base proposal $, including contingency (excluding alternates)*

*\*\* = % prevails*

*The successful bidder/proposer is required to finalize and submit this form prior to award of a contract. Joint Venture Agreements, partnering agreements and all pertinent information must be presented prior to contract award. This information will be incorporated into the contract and will become a contractual obligation of the successful bidder/proposer.* ***The finalized EOC Compliance Form A shall not be changed or altered after award of a contract without approval from Shelby County.*** *The successful bidder/proposer is required to provide written notice describing the reasons for the change to Shelby County Purchasing Administrator, to obtain approval of any changes to EOC Compliance Form A.*

Submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative Signature Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Shelby County Government**

**EOC Program**

## EOC Compliance Form B

**EFFORTS TO ACHIEVE LOSB PARTICIPATION**

(To Be Submitted with the Bid/Proposal **IF GOALS NOT MET on Form A)**

**Commodity or Services (non-professional services)**

**Company Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bid No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each category below, please:

* describe the efforts made to achieve LOSB participation on this project. The requirement for each item is described in detail in Shelby County Government’s Locally Owned Small Business (LOSB) Ordinances. If more space is needed to describe the efforts made, please feel free to provide an attachment to this document.
* provide proper backup (email copy, web page printed, documentation of verbal communications, …).

*NOTES:* ***minimum score of 80 points must be achieved in order to be considered responsive.***

|  |  |
| --- | --- |
| A | Advertising (5 points) |
| B | Attend the Pre-bid Meeting if meeting scheduled (5 points) |
| C | Bidder’s Outreach to identify LOSBs (15 Points) |
| D | Contacts & Follow-ups with LOSBs (15 points) |
| E | Identify Items of Work, in this case what part of the bid can be achieved by LOSBs (15 points) |
| F | Negotiate in Good Faith with LOSBs (15 Points) |
| G | Offer Assistance in Securing Financing, Bonding, Insurance, or Competitive Supplier pricing  (10 points) |
| H | Provide Timely Written Notification to solicited LOSBs (20 points) |

Submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative Signature Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

## Drug-free Workplace Affidavit

**STATE OF \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY OF \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The undersigned, principal officer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an employer of five (5) or more employees contracting with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County government to provide goods and/or services states under oath as follows:

1. The undersigned is a principal officer of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter referred to as the “Company”), and is duly authorized to execute this Affidavit on behalf of the Company.

2. The Company submits this Affidavit pursuant to T.C.A. § 50-9-113, which requires each employer with no less than five *(5)* employees receiving pay who contracts with the state or any local government to provide goods and/or services to submit an affidavit stating that such employer has a drug-free workplace program that complies with Title *50,* Chapter 9, of the *Tennessee Code Annotated.*

3. The Company is in compliance with T.C.A.~ 50-9-113. Further affiant saith not.

Principal Officer (Name and Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATE OF \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNTY OF \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before me personally appeared\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing affidavit for the purposes therein contained.

Witness my hand and seal at office this \_\_\_\_\_ day of , 20\_\_\_\_\_\_

Notary Public: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: Even if less than five (5) employees, please complete and submit with your proposal.***

Non-Collusion Affidavit

THE AFFIDAVIT SET FORTH BELOW MUST BE EXECUTED ON BEHALF OF

THE VENDOR AND FURNISHED WITH EVERY PROPOSAL

NON-COLLUSION AFFIDAVIT

STATE OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn, deposes and says he/she is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) (Title)

Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the proposal responder that has *(Company)*

submitted to the City a proposal for the ERP Replacement Project all as fully set forth in said proposal and that except as specified below, the aforementioned proposal responder constitutes the only person, firm, or corporation having any interest in said proposal or in any contract, benefit, or profit which may, might, or could accrue as a result of said proposal, said exceptions being as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If no exceptions, please state)

Vendor further states that said proposal is, in all respects, fair and is submitted without collusion or fraud; and that no member of the City is directly or indirectly interested in said proposal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Affiant)*

SWORN TO and subscribed before me, a Notary Public, in and for the above named State and City

this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(Day)*  *(Month)* *(Year)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Notary Public)*

## Client Reference Form

|  |  |  |
| --- | --- | --- |
| **Vendor name:** | |  |
| **Customer name:** | |  |
| **Customer title:** | |  |
| **Customer contact:** | |  |
| **Customer phone number:** | | ( ) |
| **Customer E-mail address** | |  |
| **System which Solution Replaced** | |  |
| **Describe Nature of Project and Services Provided to This Client:** | | |
|  | | |
| **Configuration of Solution Implemented (Hardware, Software):** | |
|  | |