

Proposal Response Sheet

**Shelby County Government –RFP 16-008-15 ADDICTION SEVERITY INDEX
LITE (ASI-LTE) CONSULTANT**

Name of firm: _____

Firm's Website: _____

Mailing Address: _____

Remit Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Payment Terms: _____

Authorized Representative: _____ Print: _____

Signature (Person authorized to negotiate with the County on behalf of the organization/firm.)

Email address: _____

Authorized Representative: _____ Print: _____

Signature (Person authorized to negotiate with the County on behalf of the organization/firm.)

Email address: _____

The signature (s) above indicates that certifies that:

- (i) the Proposer's signatory is an agent authorized to submit proposals on behalf of the organization/firm;
- (ii) all declarations in the proposal and attachments are true to the best of reasonable knowledge;
- (iii) all aspects of the proposal, including cost, have been determined independently, without consultation with any other prospective Proposer or competitor for the purpose of restricting competition;
- (iv) the offer made in the proposal is firm and binding for 90 days after receipt of the proposal by the County; and
- (v) all aspects of this RFP and the proposal submitted are binding for the duration if this proposal is selected and a contract awarded.

Vendor # _____ **(Required)** EOC #: _____ **(Required)**

If EOC certification was obtained through a Teaming agreement and the EOC number starts with a "T", please complete the next page. If this does not apply, disregard the next page.

_____ Check here if you qualify as a MBE____, HBE____ or WBE____ (Minority, Hispanics or Woman owned Business Enterprise) If so, please indicate the classification below:

☐ African American ☐ Hispanic American ☐ Asian American ☐ Native American ☐ Other _____

_____ Check here if you are a qualified LOSB (Locally owned Small Business) vendor. Certification for this status is received through the EOC Administration. *This is not a self-certifying classification.*

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Are you currently in an EOC Teaming Agreement? If so please complete the following:

Please name the firm you agreed to team with in order to be qualified to do business with Shelby

County Government: _____

You are aware that part of being approved with a “Teaming Agreement” you agreed to team with the certified LOSB identified on your agreement on “ALL” County projects? _____

Will this company participate in the completion of services for this proposal? _____

If not, why? _____

If you answered no to the above question, is your Teaming LOSB vendor aware that you are bidding on this project for the County? _____

Have you included another firm to participate in the completion of the services: _____

If so, who? _____

(Include the complete business name, address, phone and contact person)

Are they a certified LOSB with Shelby County? _____ Include LOSB# _____

****Please note that all of the information contained on this page will be used during the evaluation of the responses****

The first page of this document MUST be printed on your company letterhead or stationary.

Definitions for the information listed on the first page

Locally Owned Small Business:

For this purpose, a Locally Owned Small Business is defined as a sole proprietorship, corporation, partnership, joint venture or any other business or professional entity located within Shelby County, Tennessee and at least 51% owned, operated and managed by a Shelby County resident with gross annual sales of \$5 Million dollars or less. The business must be confined within the boundaries of Shelby County, Tennessee

Minority/Hispanic/Woman owned Business Enterprise:

Minority – a Black American having his or her origin in the black racial groups of Africa.

Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture.

Response Checklist:

Please make sure that basic information listed below is provided in your RFP before you submit your response.

- ☐ Cover Sheet/Proposal Response Sheet (**Required**)
- ☐ Comprehensive Response to Minimum Requirements & Required Services
- ☐ Cost & Fees
- ☐ Experience of Respondent
- ☐ References
- ☐ Additional Information (optional)

(This checklist does not absolve the Respondent of any other required documentation indicated in the document not list above. Please use the information highlighted above as a reference only)