Proposal Response Sheet

Shelby County Government – RFQ 15-010-12
ROOFING CONSULTANT –ROOF REPLACMENT AT 1045 MULLINS STATION

Name of firm:_____
Firm's Website:_____

Mailing Address:
_____
_____
Phone:_____
Fax:_____

Remit Address:
_____
_____
Phone:_____
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)