

## Proposal Response Sheet

### Shelby County Government –SBI-000322 Health Department Parking Lot Project

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.*

**Proposal Response Sheet**

**Shelby County Government – SBI-000322 Health Department Parking Lot Project**

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)***