

# **ATTACHMENT H.4**

## **PROPOSAL SUBMISSION FORMS**



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**RFP No. 09-013**  
**Operating and Maintenance Services for Commuter Rail Operations**

# ATTACHMENT H.4

## PROPOSAL SUBMISSION FORMS

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The following forms must be completed and submitted with the technical proposal.

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### PROPOSAL SUBMISSION FORMS

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**PROPOSAL SUBMISSION FORMS**

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**PROPOSAL SUBMISSION FORMS**

**TITLE PAGE**

1. Name of Firm: \_\_\_\_\_

2. Local Address: \_\_\_\_\_

\_\_\_\_\_

3. Email Address: \_\_\_\_\_

4. Telephone Number: ( ) \_\_\_\_\_

5. Fax Number: ( ) \_\_\_\_\_

6. Point of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

7. Company Official: \_\_\_\_\_ Title: \_\_\_\_\_



**PROPOSAL SUBMISSION FORMS**

**EXCEPTIONS TO SCOPE OF SERVICES**

The Offeror shall state whether it accepts the Scope of Services or if exceptions are taken.

\_\_\_\_\_ accepts the Scope of Services as presented in this  
*Company Name* solicitation and takes no exceptions.

or

\_\_\_\_\_ takes exceptions to the Scope of Services. Exceptions are  
*Company Name* specifically identified on the attached pages.



**PROPOSAL SUBMISSION FORMS**

**REFERENCES (PAST AND PRESENT EXPERIENCE)**

The Offeror shall identify three (3) clients for whom comparable work has been done or is currently being done.

*Note: Make additional copies of this form and include with the proposal.*

List contracts that are most relevant in demonstrating ability to meet the requirements specified herein:

1. Firm: \_\_\_\_\_

2. Address: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Email: \_\_\_\_\_

3. Contract No.: \_\_\_\_\_ Original Contract Value: \$ \_\_\_\_\_

Contract Value at Completion: \$ \_\_\_\_\_

Contract Commencement Date: \_\_\_\_\_ Contract Completion Date: \_\_\_\_\_

4. Description of the Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PROPOSAL SUBMISSION FORMS**

**REFERENCES (PAST AND PRESENT EXPERIENCE)**

**TERMINATED CONTRACTS**

List below any contracts within the past four (4) years, if any, on which ***failure to complete the work*** within the specified time frame resulted either in the assessment of liquidated damages, damages or contract termination.

*Note: Make additional copies of this form and include with the proposal.*

1. Firm: \_\_\_\_\_

2. Address: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Email: \_\_\_\_\_

3. Contract No.: \_\_\_\_\_ Original Contract Value: \$ \_\_\_\_\_

Contract Value at Completion: \$ \_\_\_\_\_

Contract Commencement Date: \_\_\_\_\_ Contract Completion Date: \_\_\_\_\_

4. Description of the Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PROPOSAL SUBMISSION FORMS**

**SUBCONTRACTORS**

Offerors shall identify any Subcontractors and the type of work anticipated to be performed during the term of the Contract.

*Note: Make additional copies of this form and include with the proposal.*

**Firm Name #1:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Type of the Work Anticipated to be Performed: \_\_\_\_\_  
\_\_\_\_\_

Location of Work to be Performed: \_\_\_\_\_

Estimated Dollar Amount of the Work to be Performed: \_\_\_\_\_

Certified DBE? No  Yes  If "Yes", identify certification number and entity certified by:  
\_\_\_\_\_

**Firm Name #2:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Type of Work Anticipated to be Performed: \_\_\_\_\_  
\_\_\_\_\_

Location of the Work to be Performed: \_\_\_\_\_

Estimated Dollar Amount of the Work to be Performed: \_\_\_\_\_

Certified DBE? No  Yes  If "Yes", identify certification number and entity certified by:  
\_\_\_\_\_



**PROPOSAL SUBMISSION FORMS**

**SUBCONTRACTORS** (continued)

**Firm Name #3:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Type of the Work Anticipated to be Performed: \_\_\_\_\_

Location of Work to be Performed: \_\_\_\_\_

Estimated Dollar Amount of the Work to be Performed: \_\_\_\_\_

Certified DBE? No  Yes  If "Yes", identify certification number and entity certified by:

\_\_\_\_\_

**Firm Name #4:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Type of Work Anticipated to be Performed: \_\_\_\_\_

Location of the Work to be Performed: \_\_\_\_\_

Estimated Dollar Amount of the Work to be Performed: \_\_\_\_\_

Certified DBE? No  Yes  If "Yes", identify certification number and entity certified by:

\_\_\_\_\_



**PROPOSAL SUBMISSION FORMS**