

ATTACHMENT P.8

PROPOSAL SUBMISSION FORMS



RFP No. 09-014
Facilities Maintenance and Custodial Services

PROPOSAL SUBMISSION FORMS

TAB NO.	TITLE	NUMBER OF PAGES
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The following forms must be completed and submitted with the technical proposal.

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8	References	2
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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: _____



EXCEPTIONS TO SCOPES OF WORK

The Offeror shall state whether it accepts the Scopes of Work or if exceptions are taken.

_____ accepts the Scopes of Work as presented in this
Company Name solicitation and takes no exceptions.

or

_____ takes exceptions to the Scopes of Work. Exceptions are
Company Name specifically identified on the attached pages.



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: _____



TERMINATED CONTRACTS

REFERENCES (PAST AND PRESENT EXPERIENCE)

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: _____



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:



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:

