**Attachment 1**

**NO PROPOSAL REPLY FORM**

Contract No.: **GSS16555A-VEHICLE\_TRACK** Contract Title: **Vehicle Tracking System**

To assist us in obtaining good competition on our Request for Proposals, we ask that each firm that has received a proposal, but does not wish to bid, state their reason(s) below and return in a clearly marked envelope displaying the contract number. This information will not preclude receipt of future invitations unless you request removal from the Vendor's List by so indicating below, or do not return this form or bona fide proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. |  | We do not wish to participate in the proposal process. |
|  |  |  |  |
|  | 2. |  | We do not wish to bid under the terms and conditions of the Request for Proposal document. Our objections are: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 3. |  | We do not feel we can be competitive. |
|  |  |  |  |
|  | 4. |  | We cannot submit a Proposal because of the marketing or franchising policies of the manufacturing company. |
|  |  |  |  |
|  | 5. |  | We do not wish to sell to the State. Our objections are: |
|  |  |  |  |
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|  |  |  |  |
|  | 6. |  | We do not sell the items/services on which Proposals are requested. |
|  |  |  |  |
|  | 7. |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| --- | --- | --- |
|  |  |  |
| FIRM NAME |  | SIGNATURE |

|  |  |  |
| --- | --- | --- |
|  |  | We wish to remain on the Vendor's List **for these goods or services**. |
|  |  |  |
|  |  | We wish to be deleted from the Vendor's List **for these goods or services**. |

**PLEASE FORWARD NO PROPOSAL REPLY FORM TO THE CONTRACT OFFICER IDENTIFIED.**

 **Attachment 2**

Contract No.: **GSS16555A-VEHICLE\_TRACK** Contract Title: **Vehicle Tracking System**

**DEADLINE TO RESPOND: October 11, 2016**

**NON-COLLUSION STATEMENT**

This is to certify that the undersigned Vendor has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal**, and further certifies that it is not a sub-contractor to another Vendor who also submitted a proposal as a primary Vendor in response to this solicitation** submitted this date to the State of Delaware, Office of Management and Budget, Government Support Services.

It is agreed by the undersigned Vendor that the signed delivery of this bid represents, subject to any express exceptions set forth at Attachment 3, the Vendor’s acceptance of the terms and conditions of this solicitation including all specifications and special provisions.

|  |  |
| --- | --- |
|  | Corporation |
|  | Partnership |
|  | Individual |

**NOTE:** Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Office of Management and Budget, Government Support Services.

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Check one)

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE TITLE

COMPANY ADDRESS

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STATE OF DELAWARE

FEDERAL E.I. NUMBER LICENSE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  COMPANY CLASSIFICATIONS: CERT. NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Certification type(s) | Circle all that apply |
| Minority Business Enterprise (MBE) | Yes No |
| Woman Business Enterprise (WBE) | Yes No |
| Disadvantaged Business Enterprise (DBE) | Yes No |
| Veteran Owned Business Enterprise (VOBE) | Yes No |
| Service Disabled Veteran Owned Business Enterprise (SDVOBE) | Yes No |

[The above table is for informational and statistical use only.]

PURCHASE ORDERS SHOULD BE SENT TO:

 (COMPANY NAME)

ADDRESS

CONTACT

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS

**AFFIRMATION:** Within the past five (5) years, has your firm, any affiliate, any predecessor company or entity, owner,

Director, officer, partner or proprietor been the subject of a Federal, State, Local government suspension or debarment?

YES NO if yes, please explain

**THIS PAGE SHALL BE SIGNED, NOTARIZED AND RETURNED FOR YOUR BID TO BE CONSIDERED**

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_\_\_\_ day of , 20 \_\_\_\_\_\_\_\_\_\_

Notary Public My commission expires

City of County of State of

**Attachment 3**

Contract No.: **GSS16555A-VEHICLE\_TRACK** Contract Title: **Vehicle Tracking System**

**EXCEPTIONS FORM**

Proposals must include all exceptions to the specifications, terms or conditions contained in this RFP. If the vendor is submitting the proposal without exceptions, please state so below.

🞏 By checking this box, the Vendor acknowledges that they take no exceptions to the specifications, terms or conditions found in this RFP.

|  |  |  |
| --- | --- | --- |
| **Paragraph # and page #** | **Exceptions to Specifications, terms or conditions** | **Proposed Alternative** |
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**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment 4**

Contract No.: **GSS16555A-VEHICLE\_TRACK** Contract Title: **Vehicle Tracking System**

**CONFIDENTIALITY FORM**

🞏 By checking this box, the Vendor acknowledges that they are not providing any information they declare to be confidential or proprietary for the purpose of production under 29 Del. C. ch. 100, Delaware Freedom of Information Act.

|  |
| --- |
| **Confidentiality and Proprietary Information** |
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**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment 5**

Contract No.: **GSS16555A-VEHICLE\_TRACK** Contract Title: **Vehicle Tracking System**

**BUSINESS REFERENCES FORM**

List a minimum of three business references, including the following information:

* Business Name and Mailing address
* Contact Name and phone number
* Number of years doing business with
* Type of work performed

Please do not list any State Employee as a business reference. If you have held a State contract within the last 5 years, please provide a separate list the contract(s).

|  |  |  |
| --- | --- | --- |
| 1.  | **Contact Name & Title:**  |  |
|  | **Business Name:**  |  |
|  | **Address:**  |  |
|  |  |  |
|  | **Email:**  |  |
|  | **Phone # / Fax #:**  |  |
|  | **Current Vendor (YES or NO):**  |  |  |
|  | **Years Associated & Type of Work Performed:**  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 2.  | **Contact Name & Title:**  |  |
|  | **Business Name:**  |  |
|  | **Address:**  |  |
|  |  |  |
|  | **Email:**  |  |
|  | **Phone # / Fax #:**  |  |
|  | **Current Vendor (YES or NO):**  |  |  |
|  | **Years Associated & Type of Work Performed:**  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 3.  | **Contact Name & Title:**  |  |
|  | **Business Name:**  |  |
|  | **Address:**  |  |
|  |  |  |
|  | **Email:**  |  |
|  | **Phone # / Fax #:**  |  |
|  | **Current Vendor (YES or NO):**  |  |  |
|  | **Years Associated & Type of Work Performed:**  |  |

**State of Delaware personnel MAY NOT BE USED as references.**

**Attachment 6**

**SUBCONTRACTOR INFORMATION FORM**

|  |
| --- |
| **PART I – STATEMENT BY PROPOSING VENDOR** |
| 1. CONTRACT NO.GSS16555A-VEHICLE\_TRACK | 2. Proposing Vendor Name: | 3. Mailing Address |
| 4. SUBCONTRACTOR |  |
| a. NAME | 4c. Company OSD Classification:Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. Mailing Address: | 4d. Women Business Enterprise [ ]  Yes [ ]  No4e. Minority Business Enterprise [ ]  Yes [ ]  No4f. Disadvantaged Business Enterprise [ ]  Yes [ ]  No4g. Veteran Owned Business Enterprise [ ]  Yes [ ]  No4h. Service Disabled Veteran Owned Business Enterprise [ ]  Yes [ ]  No |
| 5. DESCRIPTION OF WORK BY SUBCONTRACTOR |
| 6a. NAME OF PERSON SIGNING | 7. BY (*Signature)* | 8. DATE SIGNED |
| 6b. TITLE OF PERSON SIGNING |
|  **PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR** |
| 9a. NAME OF PERSON SIGNING | 10. BY (*Signature*) | 11. DATE SIGNED |
| 9b. TITLE OF PERSON SIGNING |

 **Use a separate form for each subcontractor**

**Attachment 7**

**SAMPLE REPORT - FOR ILLUSTRATION PURPOSES ONLY**



**Note:** A copy of the current Usage Report will be sent by electronic mail to the Awarded Vendor.

Completed reports shall be saved in an Excel format, and submitted to the following email address: vendorusage@state.de.us

**Attachment 8**

**SAMPLE REPORT – FOR ILLUSTRATION PURPOSES ONLY**

|  |  |
| --- | --- |
| **State of Delaware** |  |
| **Subcontracting (2nd tier) Quarterly Report** |
| **Prime Name:**  |   |   | **Report Start Date:**  |   |   |   |   |   |   |
| **Contract Name/Number** |   |   | **Report End Date:**  |   |   |   |   |   |   |
| **Contact Name:**  |   |   | **Today's Date:**  |   |   |   |   |   |   |
| **Contact Phone:**  |   |   | \*Minimum Required  | Requested detail |   |   |   |   |   |   |
| **Vendor Name\*** | **Vendor TaxID\***  | **Contract Name/ Number\*** | **Vendor Contact Name\*** | **Vendor Contact Phone\*** | **Report Start Date\*** | **Report End Date\*** | **Amount Paid to Subcontractor\*** | **Work Performed by Subcontractor UNSPSC** | **M/WBE Certifying Agency** | **Veteran/Service Disabled Veteran Certifying Agency**  | **2nd tier Supplier Name** | **2nd tier Supplier Address** | **2nd tier Supplier Phone Number** | **2nd tier Supplier email** | **Description of Work Performed**  | **2nd tier Supplier Tax Id** | **Date Paid** |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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**Note:** A copy of the current 2nd Tier Usage Report will be sent by electronic mail to the Awarded Vendor

Completed reports shall be saved in an Excel format, and submitted to the following email address: vendorusage@state.de.us

**Attachment 9**

**State of Delaware**

**Office of Supplier Diversity**

**Certification Application**

The most recent application can be downloaded from the following site:

[**http://gss.omb.delaware.gov/osd/certify.shtml**](http://gss.omb.delaware.gov/osd/certify.shtml)

Submission of a completed Office of Supplier Diversity (OSD) application is optional and does not influence the outcome of any award decision.

The minimum criteria for certification require the entity must be at least 51% owned and actively managed by a person or persons who are eligible: minorities, women, veterans, and/or service disabled veterans. Any one or all of these categories may apply to a 51% owner.



**Complete application and mail, email or fax to:**

Office of Supplier Diversity (OSD)

100 Enterprise Place, Suite 4

Dover, DE 19904-8202

Telephone: (302) 857-4554 Fax: (302) 677-7086

 Email: osd@state.de.us

Web site: <http://gss.omb.delaware.gov/osd/index.shtml>

**THE OSD ADDRESS IS FOR OSD APPLICATIONS ONLY.**

**THE OSD WILL NOT ACCEPT ANY VENDOR BID RESPONSE PACKAGES.**

**Attachment 10**

BOND HAS BEEN WAIVED FOR THIS SOLICITATION

(BOND TO ACCOMPANY PROPOSAL

(NOT NECESSARY IF CERTIFIED CHECK IS USED)

 KNOW ALL MEN BY THESE PRESENTS That \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the County of \_\_\_\_\_\_\_\_\_\_\_\_\_ and State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ principal, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as surety, legally authorized to do business in the State of Delaware, are held and firmly bound unto the State of Delaware in the sum of \_\_\_\_\_\_\_\_\_\_\_\_ Dollars or \_\_\_\_\_\_\_\_ per cent (not to exceed \_\_\_\_\_\_\_\_\_\_\_\_ Dollars) of amount bid on Contract No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid to said State of Delaware for the use and benefit of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of said State, for which payment well

 (hereinafter referred to as Agency)

and truly to be made, we do bind ourselves, our and each of our heirs, executors, administrators, and successors, jointly and severally for and in the whole, firmly by these presents.

 NOW THE CONDITION OF THIS OBLIGATION IS SUCH That if the above bounden principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who has submitted to said Agency of the State of Delaware, a certain proposal to enter into a certain contract to be known as Contract No. \_\_\_\_\_\_\_\_\_\_\_\_, for the furnishing of certain products and/or services within the said State of Delaware shall be awarded said Contract No. \_\_\_\_\_\_\_\_\_\_\_\_, and if said \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall well and truly enter into and execute said Contract No. \_\_\_\_\_\_\_\_\_\_\_\_ and furnish therewith such surety bond as may be required by the terms of said contract and approved by said Agency, said contract and said bond to be entered into within twenty days after the date of official notice of the award thereof in accordance with the terms of said proposal, then this obligation to be void or else to be and remain in full force and virtue.

 Sealed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ seal and dated this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the year of our Lord two thousand and \_\_\_\_\_\_ (20 ).

SEALED AND DELIVERED IN THE

 Presence Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seal)

 Name of Bidder (Principal)

Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seal)

 Corporate

 Seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seal)

 Name of Surety

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seal)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title

**Attachment 11**

MINIMUM MANDATORY SUBMISSION REQUIREMENTS CHECKLIST

*SUBMISSIONS MUST BE IN SEQUENCE AS LISTED BELOW.*

|  |  |  |
| --- | --- | --- |
| Item Number | 1. **Description**
 | Included ?? (check yes or no) |
| A. | 1. Table of Contents clearly identifying the structure of the proposal and showing page numbers for each of the required components.
 | Yes **[ ]** No **[ ]**  |
| B. | 1. Brief Vendor Cover Letter including an Applicant's experience, if any, providing similar services. The letter shall be **signed** by a representative who has the legal capacity to enter the organization into a formal contract with Government Support Services.
 | Yes **[ ]** No **[ ]**  |
| C. | 1. **Five (5) paper** copies of the bidder’s proposal, one marked as Master Copy, with all signatures being original. This includes **all Appendix B Tabs** printed and **all Forms required in the RFP.**
 | Yes **[ ]** No **[ ]**  |
| D. | 1. **One (1) electronic** copy of the **complete bidder’s proposal in one format (PDF, word, etc.)** (submitted on CD, DVD media disk or USB Memory Stick). If the paper copy of the proposal includes a printed catalog, an electronic version of the catalog must be included as well. (If catalogs are not available in electronic version, then one (1) additional copy of the paper catalog must be provided). **Completed Appendix B in active EXCEL must be provided.**  Include vendor catalog/brochures either in pdf. format or link to website on each CD, DVD or USB Memory Stick. *VERIFY ALL CD/DVD MEDIA DISC OR USB MEMORY STICK WORK CORRECTLY FROM SEVERAL SOURCES PRIOR TO SUBMISSION.*
 | Yes **[ ]** No **[ ]**  |
| E. | 1. **One (1) complete** signed and notarized copy of the Non-Collusion agreement (see Attachment C above). **MUST HAVE ORIGINAL SIGNATURES AND NOTARY MARK.**
 | Yes **[ ]** No **[ ]**  |
| F. | 1. **One (1) completed** Office of Supplier Diversity application– if applicable. (See Attachment I)
 | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| G. | 1. **One (1) completed** Exceptions form (See Attachment G)
 | Yes **[ ]** No **[ ]**  |
| H. | 1. **One (1) completed** Confidentiality and Proprietary Information form (see Attachment H above)
 | Yes **[ ]** No **[ ]**  |
| I. | 1. **One (1) complete** Business References Form (see Attachment F above).
2. ***EMAIL ADDRESSES MUST BE PROVIDED FOR EACH REFERENCE***
 | Yes **[ ]** No **[ ]**  |
| J. | 1. **One (1) certificate of insurance.** Please ensure you have the **correct insurance levels** as specified in this RFP.
 | Yes **[ ]** No **[ ]**  |
| K. | **One (1) completed** Subcontractor Information Form (for each Subcontractor) - if applicable (see Attachment E above) | Yes **[ ]** No **[ ]** N/A **[ ]**  |
| L. | **All of the following must be included in each hard copy proposal submission:****Comprehensive Transitional Plan including timeline****Cellular service details – coverage map****Connectivity capability** | Yes **[ ]** No **[ ]**  |
| M. | **One (1) complete copy of this checklist filled out by the Applicant.**  |  |

**Any *“No”* responses must be addressed on Attachment 3, Exceptions Form.**