**Attachment A**

MINIMUM MANDATORY SUBMISSION REQUIREMENTS CHECKLIST

*SUBMISSIONS MUST BE IN SEQUENCE AS LISTED BELOW.*

(APPENDIX B – MINIMUM MANDATORY SUBMISSION REQUIREMENTS CHECKLIST)

|  |  |  |
| --- | --- | --- |
| 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. **Two (2) paper** copies of the bidder’s proposal, one marked as Master Copy, with all signatures being original. This includes **all Appendix A 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 on the CD’s. (If catalogs are not available in electronic version, then one (1) additional copy of the paper catalog must be provided). **All copies must have completed Appendix A in active EXCEL format, Vendor’s Proposal and Forms required in this proposal.** 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. | **One (1) complete copy of this checklist filled out by the Applicant.** | Yes  No |

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

**Attachment B**

STATE OF DELAWARE

OFFICE OF MANAGEMENT AND BUDGET

GOVERNMENT SUPPORT SERVICES

CONTRACTING SECTION

100 ENTERPRISE PLACE – SUITE 4

DOVER, DELAWARE 19904-8202

**NO BID REPLY FORM**

**Contract No.** **GSS16749A-HVAC Contract Title: HVAC Components, Parts & Filters**

To assist us in obtaining good competition on our Request for Bids, we ask that each firm that has received an invitation, 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 Bidder's List by so indicating below, or do not return this form or bona fide bid.

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

1. We do not wish to participate in the bid process.

2. We do not wish to bid under the terms and conditions of the Request for Bid document. Our objections are:

3. We do not feel we can be competitive.

4. We cannot submit a Bid because of the marketing or franchising policies of the manufacturing company.

5. We do not wish to sell to the State. Our objections are:

6. We do not sell the items/services on which Bids are requested.

7. Other:

FIRM NAME SIGNATURE

We wish to remain on the Bidder's List **for these goods or services**.

We wish to be deleted from the Bidder's List **for these goods or services**.

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

**Contract No.** **GSS16749A-HVAC Contract Title: HVAC Components, Parts & Filters**

**DEADLINE TO RESPOND: August 2, 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 G, the Vendor’s acceptance of the terms and conditions of this solicitation including all specifications and special provisions.

**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.

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

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

**BOND IS WAIVED Attachment D**

10% BOND TO ACCOMPANY PROPOSAL

(NOT NECESSARY IF CERTIFIED CHECK IS USED) OR BOND IS WAIVED

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 E**

**SUBCONTRACTOR INFORMATION FORM**

**Contract No.** **GSS16749A-HVAC**

**Contract Title: HVAC Components, Parts & Filters**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART I – STATEMENT BY PROPOSING VENDOR** | | | | |
| 1. CONTRACT NO.  **GSS16749A-HVAC** | | 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  No  4e. Minority Business Enterprise  Yes  No  4f. Disadvantaged Business Enterprise  Yes  No  4g. Veteran Owned Business Enterprise  Yes  No  4h. 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 F**

**BUSINESS REFERENCES**

**Contract No.** **GSS16749A-HVAC**

**Contract Title: HVAC Components, Parts & Filters**

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:** |  | | |
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| 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 G**

**ITB EXCEPTIONS FORM**

**Contract No.** **GSS16749A-HVAC**

**Contract Title: HVAC Components, Parts & Filters**

Proposals must include all exceptions to the specifications, terms or conditions contained in this ITB. 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 ITB.

|  |  |  |
| --- | --- | --- |
| **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 H**

**CONFIDENTIALITY FORM**

**Contract No.** **GSS16749A-HVAC**

**Contract Title: HVAC Components, Parts & Filters**

🞏 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 I**

**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](mailto: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.**