**Attachment 1**

**NO PROPOSAL REPLY FORM**

Contract No.: **GSS17235-WATER\_TREAT** Contract Title: **Water Treatment**

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: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 6. |  | We do not sell the items/services on which Proposals are requested. |
|  |  |  |  |
|  | 7. |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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.: GSS17235-WATER\_TREAT TITLE: Water Treatment**

**DEADLINE TO RESPOND: February 28, 2017 @ 1 PM (Local Time)**

**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.: **GSS17235-WATER\_TREAT**

Contract Title: **Water Treatment**

**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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment 4**

Contract No.: **GSS17235-WATER\_TREAT**

Contract Title: **Water Treatment**

**COMPANY PROFILE & CAPABILITIES FORM**

Suppliers are required to provide a reply to each question listed below. Your replies will aid the evaluation committee as part of the overall qualitative evaluation criteria of this Request for Proposal. Your responses should contain sufficient information about your company so evaluators have a clear understanding of your company’s background and capabilities. Failure to respond to any of these questions may result in your proposal to be rejected as non-responsive.

|  |  |
| --- | --- |
| 1. | Briefly describe your company’s organization, structure and philosophy. |
|  |  |

|  |  |
| --- | --- |
| 2. | State of the number of years your company has offered water treatment services of the same size and scope as outlined in the RFP.  |
|  |  |

|  |  |
| --- | --- |
| 3. | List any past and/or pending litigation or disputes relating to the services described herein with which your company has been involved within the last five (5) years. The list shall include the other company’s name, name of the project, nature of the litigation, and the current status of the dispute. |
|  |  |

|  |  |
| --- | --- |
| 4. | List any past disputes as a result of which your company has been terminated from an awarded contract. List the company’s name, the term of the contract, and an explanation as to why your company was terminated. |
|  |  |

**Attachment 5**

Contract No.:  **GSS17235-WATER\_TREAT**

Contract Title: **Water Treatment**

**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** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment 6**

Contract No.: **GSS17235-WATER\_TREAT**

Contract Title:  **Water Treatment**

**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 7**

**SUBCONTRACTOR INFORMATION FORM**

|  |
| --- |
| **PART I – STATEMENT BY PROPOSING VENDOR** |
| 1. CONTRACT NO.GSS17235-WATER\_TREAT | 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**

**Appendix A**

**MINIMUM MANDATORY SUBMISSION REQUIREMENTS CHECKLIST**

***SUBMISSIONS MUST BE IN SEQUENCE AS LISTED BELOW.***

(APPENDIX A – 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 D Tabs** printed and **all Forms required in the RFP.**
 | **Yes [ ]** **No [ ]**  |
| **D.** | 1. **One (1) electronic** copy of the **complete bidder’s proposal** (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 D 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 or DVD. *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 2 above). **MUST HAVE ORIGINAL SIGNATURES AND NOTARY MARK.**
 | **Yes [ ]** **No [ ]**  |
| **F.** | 1. **One (1) completed** Office of Supplier Diversity application– if applicable.
 | **Yes [ ]** **No [ ]** **N/A [ ]**  |
| **G.** | 1. **One (1) completed** Exceptions form
 | **Yes [ ]** **No [ ]**  |
| **H.** | 1. **One (1) completed** Confidentiality and Proprietary Information form (see Attachment 5 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  | **Yes [ ]** **No [ ]** **N/A [ ]**  |
| **L.** | **One (1) complete copy of this checklist filled out by the Applicant.**  | **Yes [ ]** **No [ ]**  |
| **M.** | **One (1) MSDS sheet** for every chemical you wish to sell to the State of Delaware. | **Yes [ ]** **No [ ]**  |
| **N.** | **One (1) Product Specification Sheet** for every chemical you wish to sell to the State of Delaware. | **Yes [ ]** **No [ ]**  |

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