

STATE OF DELAWARE

EXECUTIVE DEPARTMENT OFFICE OF MANAGEMENT AND BUDGET

**State of Delaware**

# Design Layout Services

**Request for Proposal**

**Contract No. GSS18483-DESIGN\_LAYOUT**

## *March 12, 2018*

***- Deadline to Respond - April 18, 2018***

***3:00 PM (Local Time)***

Version: July 7, 2017

Attachment 1 – No Proposal

### NO PROPOSAL REPLY FORM

Contract No.: **GSS18483-DESIGN\_LAYOUT** Contract Title: **Design Layout Services**

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:

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| 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: |

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| --- | --- | --- |
| FIRM NAME |  | SIGNATURE |

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| 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 - NonCollusion

### CONTRACT NO.: GSS18483-DESIGN\_LAYOUT TITLE: Design Layout Services DEADLINE TO RESPOND: April 18, 2018

**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.

**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.

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|  | 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

Attachment 3 - Exceptions

Contract No.: **GSS18483-DESIGN\_LAYOUT**

Contract Title: **Design Layout Services 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.

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| **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 – Company Profile

Contract No.: **GSS18483-DESIGN\_LAYOUT**

Contract Title: **Design Layout Services 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.

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| 1. | Provide a brief history of your organization in a manner that will support your organization’s ability to successfully meet the requirements of this RFP. |
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| 2. | List any past and / or pending litigation or disputes relating to the services described herein with which you company has been involved within the past five (5) years and identify any awarded contracts your company has terminated as a result of litigation or dispute. For any applicable occurrence list the company’s name and the term of the contract. For occurrences resulting in contract termination, provide an explanation as to why the contract was terminated. |
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| 3. | Outline a detailed plan to provide continued service and support to the State and Eligible Users in the event your company goes out of business, merges with another company, is acquired by another company, etc. |
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Attachment 5 - Confidentiality

Contract No.: **GSS18483-DESIGN\_LAYOUT**

Contract Title: **Design Layout Services 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.

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| **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 6 - References

Contract No.: **GSS18483-DESIGN\_LAYOUT**

Contract Title: **Design Layout Services 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).

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| 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.

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STATE OF DELAWARE

Office of Management and Budget Government Support Services

Attachment 7 - Subcontractors

### SUBCONTRACTOR INFORMATION FORM

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| **PART I – STATEMENT BY PROPOSING VENDOR** | | | | |
| 1. CONTRACT NO. GSS18483-DESIGN\_LAYOUT | | 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**