**Attachment 1**

NO PROPOSAL REPLY FORM

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. |
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|  | 2. |  | We do not wish to bid under the terms and conditions of the Request for Proposal document. Our objections are: |
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|  | 3. |  | We do not feel we can be competitive. |
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|  | 4. |  | We cannot submit a Proposal because of the marketing or franchising policies of the manufacturing company. |
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|  | 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. |
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|  | 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**. |

**CONTRACT NO.: SHS-12-006-SchoolPlan Attachment 2**

**CONTRACT TITLE: Development of Web-Based Planning Tool to Facilitate Comprehensive School Safety Plans**

**OPENING DATE: Wednesday, January 23, 2013**

**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, Department of Safety and Homeland Security

It is agreed by the undersigned Vendor that the signed delivery of this bid represents the Vendor’s acceptance of the terms and conditions of this Request for Proposal 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 Department of Safety and Homeland Security

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check one)

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

NAME OF AUTHORIZED REPRESENTATIVE

(Please type or print)

SIGNATURE TITLE

COMPANY ADDRESS

PHONE NUMBER FAX NUMBER

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

STATE OF DELAWARE

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

(circle one) (circle one) (circle one)

|  |  |  |  |
| --- | --- | --- | --- |
| COMPANY CLASSIFICATIONS:  CERT.  NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Women Yes No  Business  Enterprise  (WBE) | Minority Yes No  Business  Enterprise  (MBE) | Disadvantaged Yes No  Business  Enterprise  (WBE) |

[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 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 WITH YOUR PROPOSAL 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. SHS-12-006-SchoolPlan

Contract Name Development of Web-Based Planning Tool to Facilitate Comprehensive School Safety Plans

PROPOSAL REPLY SECTION

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: use additional pages as necessary.**

**Attachment 4**

CONTRACT NO. SHS-12-006-SchoolPlan

Contract Name Development of Web-Based Planning Tool to Facilitate Comprehensive School Safety Plans

PROPOSAL REPLY SECTION

🞏 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: Add additional pages as needed.**

**Attachment 5**

CONTRACT NO. SHS-12-006-SchoolPlan

Contract Name Development of Web-Based Planning Tool to Facilitate Comprehensive School Safety Plans

**Business References**

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 list the contract.

1. Business Name/Mailing Address:

Contact Name/Phone Number:

Number of years doing business with :

Describe type of work performed:

2. Business Name/Mailing Address:

Contact Name/Phone Number:

Number of years doing business with :

Describe type of work performed:

3. Business Name/Mailing Address:

Contact Name/Phone Number:

Number of years doing business with :

Describe type of work performed:

SUBCONTRACTOR INFORMATION FORM **ATTACHMENT 6**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART I – STATEMENT BY PROPOSING VENDOR** | | | | |
| 1. CONTRACT NO.  SHS-12-006-SchoolPlan | | 2. Proposing Vendor Name: | | 3. Mailing Address |
| 4. SUBCONTRACTOR | |  | | |
| a. NAME | | 4c. Company OMWBE Classification:  Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| b. Mailing Address: | | 4d. Women Business Enterprise  Yes  No  4e. Minority Business Enterprise  Yes  No  4f. Disadvantaged 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**

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| **State of Delaware** | | | | | | | | | | | |
| **Monthly Usage Report** | | | | | | | | | | | |
| **Supplier Name:** | | | |  | **Report Start Date:** | | |  |  |  | |
| **Contact Name:** | | |  | SHS-12-006-SchoolPlan. | **Report End Date:** | | |  |  |  | |
| **Contact Phone:** | | |  |  | **Today's Date:** | | |  |  |  | |
| **Agency Name or School District** | **Division or Name of School** | **Budget Code** | [UNSPSC](http://www.unspsc.org/) | **Item Description** | **Contract Item Number** | **Unit of Measure** | **Qty** | **Environmentally Preferred Product or Service Y N** | **Additional Discount Granted** | **Contract Proposal Price/Rate** | **Total Spend** |
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**Note:** A copy of the Usage Report will be sent by electronic mail to the Awarded Vendor.

**Attachment 8**

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| **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 Usage Report will be sent by electronic mail to the Awarded Vendor

**ATTACHMENT 9**

# State of Delaware

# Office of Supplier Diversity

Certification Application

<http://gss.omb.delaware.gov/omwbe/certify.shtml>



**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/

For more information and information on recognition of other states or agencies’ certifications, please visit: <http://gss.omb.delaware.gov/osd/certify.shtml>.