

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 solicitation, **and further certifies that it is not a sub-contractor to another Vendor who also submitted a bid/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 submission of this bid/proposal represents, subject to any express exceptions set forth on the Exception form, 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.

COMPANY NAME _____

NAME OF AUTHORIZED REPRESENTATIVE _____

SIGNATURE _____ TITLE _____

COMPANY ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

FEDERAL E.I. NUMBER _____

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 AND NOTARIZED (NOTARY SEAL MUST BE VISIBLE) FOR YOUR BID/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: _____

VENDOR INFORMATION SHEET

COMPANY NAME: _____

DBA (if applicable): _____

Purchase Order Address: _____

Website: _____

Diverse Vendor Self-Identification:

WBE
 MBE
 VBE
 SDVBE
 IWDBE
 Other: _____

State Certified:
 Yes
 No
 If yes, which State(s): _____

Federal Certified: Yes No

	Primary Contact	Secondary Contact
Contact Name		
Contact Type	Choose Best Option	Choose Best Option
Phone Number/Ext.		
Email		
Fax Number		

Business Capability Statement:

(Provide a short capability statement about your business and its capabilities and skills to advertise who you are and what you do.)

BUSINESS REFERENCES

List a minimum of three business references of similar size and scope. **Please do not list any State Employee(s)** as a business reference. If Subcontractors are identified, a minimum of three business references must also be provided for each subcontractor.

REFERENCE ONE

Contact Name:
Contact Title:
Business Name:
Address:
Email:
Phone #:
Current Vendor (YES or NO):
Years Associated & Type of association:
Work Performed:

REFERENCE TWO

Contact Name:
Contact Title:
Business Name:
Address:
Email:
Phone #:
Current Vendor (YES or NO):
Years Associated & Type of association:
Work Performed:

REFERENCE THREE

Contact Name:
Contact Title:
Business Name:
Address:
Email:
Phone #:
Current Vendor (YES or NO):
Years Associated & Type of association:
Work Performed:

Contract No.: GSS25807A-PBT_INST

Contract Title: Preliminary Breath Testing (PBT) Instrument

CONFIDENTIALITY FORM

Responding vendor may elect to designate sections of their proposal as confidential, intellectual property, trade secrets, and other confidential business information. Vendor shall explain below how the redacted information is not “public record” as defined by 29 *Del. C.* § 10002. The State shall independently determine the validity of any vendor designation as set forth in this section. Any vendor submitting a bid/proposal herein expressly accepts the State’s absolute right and duty to independently assess the legal and factual validity of any information designated as confidential business information.

If your bid/proposal submission contains no redactions check the box below.

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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EXCEPTIONS FORM

Responding Vendors may elect to take minor exceptions to the terms and conditions of this solicitation. All exceptions must be submitted below. Exceptions found elsewhere in the solicitation response will not be considered. Government Support Services maintains sole discretion to reject any exceptions.

If your submission contains no exceptions check the box below.

By checking this box, the responding vendor acknowledges that they take no exceptions to the specifications, terms or conditions found in this solicitation.

Paragraph # and Page #	Current Language	Proposed Alternative	Justification

Note: Use additional pages as necessary, but the format shall be the same as provided above.

SUBCONTRACTOR INFORMATION

By checking this box, the responding vendor acknowledges that no subcontractors will be used to fulfill the requirements of this solicitation.

PROPOSING VENDOR INFORMATION

Contract Number: _____

Proposing Vendor Name: _____

Mailing Address: _____

SUBCONTRACTOR INFORMATION

Subcontractor Name: _____

Mailing Address: _____

Diverse Vendor Self-Identification:

WBE MBE VBE SDVBE IWDBE Other _____

State Certified: Yes No If yes, which State(s): _____

Federal Certified: Yes No

DESCRIPTION OF WORK BY SUBCONTRACTOR

Name of the person signing (Proposing Vendor): _____

Title of the person signing: _____

Signature: _____ Date: _____

ACKNOWLEDGEMENT BY SUBCONTRACTOR

Name of the person signing: _____

Title of the person signing: _____

Signature: _____ Date: _____