

## APPENDIX C

### Online Bid Submission Portal Instructions

Responses to solicitation GSS25941-ERP\_IVV must be submitted through the Online Bid Submission Portal (portal). Submissions by other methods will not be accepted for this solicitation.

#### A. Questions

The State of Delaware will allow written requests for clarification of this solicitation. All questions with regard to the interpretation of this solicitation, drawings, or specifications, or any other aspect of this solicitation must be received through the [online bid submission portal](#) by December 3, 2024, referencing the section, page number, text of passage being questioned, and the question. All questions will be answered in writing by December 10, 2024, with responses posted on <https://bids.delaware.gov> and <https://gss.bonfirehub.com/>.

#### B. Bid Submission

Solicitation responses must be submitted through the portal at: <https://gss.bonfirehub.com/>. The portal will have you break your submission as follows:

- **Proposal Original** – This submission will include your technical response to the solicitation, excluding any Questionnaire, BidTables, and Vendor Information Forms.
- **Proposal Redacted** –
  - **If Confidentiality Form is checked NO**, submit the Confidentiality Form, with the box checked.
  - **If Confidentiality Form is filled out identifying portions of the proposal as confidential**, submit the Confidentiality Form, along with all documents that have information you are looking to redact, with those sections redacted.
- **Vendor Information Forms (attached below)** – Complete the packet and upload, preferably as one pdf file. The Vendor Information Forms include:
  - **Non-Collusion Statement** – Both signatures and notary stamp/seal must be visible
  - **Vendor Information Sheet**
  - **Business References** – Required for responding vendor, as well as any identified sub-contractors.
  - **Confidentiality Form** – Check the box to indicate No redactions, otherwise complete the form to summarize what you have redacted.
  - **Exceptions Form** – Check the box to indicate No Exceptions, otherwise complete the form to notate all exceptions for consideration.
  - **Subcontractor Information** – Check the box to indicate No Subcontracts, otherwise complete one form for each sub-contractor.
- **BidTable** – This submission will be your cost proposal which must be submitted using the template provided. Refer to associated Instructions for additional guidance.

STATE OF DELAWARE  
Office of Management and Budget  
Government Support Services

**Please note:** Minimum system requirements: Microsoft Edge, Google Chrome, Safari, or Mozilla Firefox. Javascript and browser cookies must be enabled.

Submission materials must be submitted in the File Type identified in the portal. The maximum upload file size is 1000 MB. Documents should not be embedded within uploaded files, as the embedded files will not be accessible or evaluated.

Excel files provided through the portal manipulated in any way will result in a failed upload. Do not use special formatting, special characters or formulas.

**C. Technical Issues –**

Respondents should contact the portal provider at [Support@GoBonfire.com](mailto:Support@GoBonfire.com) for technical questions related to your submissions or visit their help forum at <https://vendorsupport.gobonfire.com/hc/en-us>

**D. Submission Deadline -**

The portal will not permit incomplete nor late submissions.

**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		
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:



**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. State of Delaware 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.

<b>Paragraph # and Page #</b>	<b>Current Language</b>	<b>Proposed Alternative</b>	<b>Justification</b>

**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**

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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: \_\_\_\_\_