

**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:



**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.

<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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_