

REQUEST FOR PROPOSAL CERTIFICATION

Required Response Form

In submitting this proposal, the undersigned certifies as follows:

1. Proposal Validity Certification: The undersigned offers and agrees, if this offer is accepted within (120) calendar days form the proposal date, to furnish any or all items, services upon which prices are offered at the designated point and within the time specified.

2. Non-Collusion Certification: The undersigned respondent hereby certifies that he/she has made this proposal independently, without consultation, communication, or agreement for the purpose of restricting competition as to any matter relating to this proposal, with any other Respondent or with any other competitor.

NOTE: THESE FORMS MUST BE COMPLETED

By submitting this form, I am indicating that I understand that vendors are responsible for viewing the web sites daily, and/or prior to the deadline, to ensure that no addenda have been issued for this Request for Proposal.

The undersigned respondent hereby further certifies that he/she has read all of the proposal documents and agrees to abide by the terms, certifications, and conditions thereof.

Respectfully submitted this _____ day of _____, 2015.

SIGNATURE: _____

TYPE/PRINT NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE NO. _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

NON-COLLUSION AFFIDAVIT

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STATE OF _____

COUNTY OF _____

_____, of lawful age, being duly sworn, on oath say, that (s)he is the agent authorized by the Respondent to submit the attached proposal. Affiant further states that the respondent/bidder has not been a party of any collusion among Respondents in restraint of freedom of competition by agreement to purpose at a fixed price or to refrain from proposing/ or with any state official, city employee, Board Trustee, or benefit consultant as to quantity, quality, or price in the prospective contract, or any other terms of said respective contact or in any discussions or actions between Respondents, city employee, board Trustee, or benefit consultant concerning exchange of money or other value for special consideration in letting of this contract.

Subscribed and sworn to before me this _____ day of _____, 2015

Notary Public

State of _____

My Commission Expires: _____

CONFLICT OF INTEREST QUESTIONNAIRE

Required Response Form

For vendor or other person doing business with local government entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

1. Name of person doing business with local governmental entity.

2. Check if you are filing an update to a previously filed questionnaire. _____
(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3. Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.

4. Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.

CONFLICT OF INTEREST QUESTIONNAIRE (continued)

5. Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)

This section item 5 including subparts A, B, C, & D must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this form as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

___ YES ___ NO

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section and the taxable income is not from the local governmental entity?

___ YES ___ NO

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director or holds an ownership of 10 percent or more?

___ YES ___ NO

D. Describe each affiliation or business relationship.

6. Describe any other affiliation or business relationship that might cause a conflict of interest

Signature of person doing business with the governmental entity: _____

Date: _____

REFERENCES

Required Response Form

Please provide three active Texas client references who share size, location, and type of industry (municipality) similar to the City.

Reference #1

Organization: _____

Contact Name: _____

Address: _____

Contact Phone: _____

Contact E-mail: _____

Number of Employees: _____

Length of Service: _____

Reference #2

Organization: _____

Contact Name: _____

Address: _____

Contact Phone: _____

Contact E-mail: _____

Number of Employees: _____

Length of Service: _____

Reference #3

Organization: _____

Contact Name: _____

Address: _____

Contact Phone: _____

Contact E-mail: _____

Number of Employees: _____

Length of Service: _____