

GSS15165-PORT_TOILET

Appendix A

ITB FORMS PACKET

STATE OF DELAWARE
Office of Management and Budget
Government Support Services
Attachment B

STATE OF DELAWARE
OFFICE OF MANAGEMENT AND BUDGET
GOVERNMENT SUPPORT SERVICES
CONTRACTING SECTION
100 ENTERPRISE PLACE – SUITE 4
DOVER, DELAWARE 19904-8202

NO BID REPLY FORM

Contract No. GSS15165-PORT_TOILET

Contract Title: Portable Toilets, Rental & Servicing

To assist us in obtaining good competition on our Request for Bids, we ask that each firm that has received an invitation, 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 Bidder's List by so indicating below, or do not return this form or bona fide bid.

Unfortunately, we must offer a "No Bid" at this time because:

_____ 1. We do not wish to participate in the bid process.

_____ 2. We do not wish to bid under the terms and conditions of the Request for Bid document. Our objections are:

_____ 3. We do not feel we can be competitive.

_____ 4. We cannot submit a Bid because of the marketing or franchising policies of the manufacturing company.

_____ 5. We do not wish to sell to the State. Our objections are: _____

_____ 6. We do not sell the items/services on which Bids are requested.

_____ 7. Other: _____

_____ FIRM NAME

_____ SIGNATURE

_____ We wish to remain on the Bidder's List **for these goods or services.**

_____ We wish to be deleted from the Bidder's List **for these goods or services.**

STATE OF DELAWARE
Office of Management and Budget
Government Support Services

Attachment C

CONTRACT NO.: GSS15165-PORT_TOILET

TITLE: Portable Toilets, Rental and Servicing

DEADLINE TO RESPOND: Tue. Dec. 30, 2014 1:00 p.m. Local Time

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, Office of Management and Budget, Government Support Services.

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 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 _____ (Check one)

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

NAME OF AUTHORIZED REPRESENTATIVE _____

SIGNATURE _____ TITLE _____

COMPANY ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

FEDERAL E.I. NUMBER _____ STATE OF DELAWARE LICENSE NUMBER _____

| COMPANY CLASSIFICATIONS: CERT. NO.: _____ | Certification type(s) | Circle all that apply |
|---|---|-----------------------|
| | Minority Business Enterprise (MBE) | Yes No |
| | Woman Business Enterprise (WBE) | Yes No |
| | Disadvantaged Business Enterprise (DBE) | Yes No |
| | Veteran Owned Business Enterprise (VOBE) | Yes No |
| | Service Disabled Veteran Owned Business Enterprise (SDVOBE) | Yes No |

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 (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, NOTARIZED AND RETURNED FOR YOUR BID TO BE CONSIDERED

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20 _____

Notary Public _____ My commission expires _____

City of _____ County of _____ State of _____

STATE OF DELAWARE
Office of Management and Budget
Government Support Services

Attachment E

SUBCONTRACTOR INFORMATION FORM

Contract No. GSS15165-PORT_TOILET
Contract Title: Portable Toilets, Rental and Servicing

| PART I – STATEMENT BY PROPOSING VENDOR | | |
|--|--|--------------------|
| 1. CONTRACT NO. GSS15165-PORT_TOILET | 2. Proposing Vendor Name: | 3. Mailing Address |
| | | |
| 4. SUBCONTRACTOR | | |
| a. NAME | 4c. Company OSD Classification: Certification Number: _____ | |
| b. Mailing Address: | 4d. Women Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No 4e. Minority Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No 4f. Disadvantaged Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No 4g. Veteran Owned Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No 4h. Service Disabled Veteran Owned Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. DESCRIPTION OF WORK BY SUBCONTRACTOR | | |
| 6a. NAME OF PERSON SIGNING | 7. BY (<i>Signature</i>) | 8. DATE SIGNED |
| 6b. TITLE OF PERSON SIGNING | | |
| PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR | | |
| 9a. NAME OF PERSON SIGNING | 10. BY (<i>Signature</i>) | 11. DATE SIGNED |
| 9b. TITLE OF PERSON SIGNING | | |

Use a separate form for each subcontractor

STATE OF DELAWARE
Office of Management and Budget
Government Support Services

Attachment F

BUSINESS REFERENCES

Contract No. GSS15165-PORT_TOILET
Contract Title: PORTABLE TOILETS, RENTAL AND SERVICING

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, provide a separate list the contract(s).

| | |
|---|--|
| 1. Contact Name & Title: | |
| Business Name: | |
| Address: | |
| | |
| Email: | |
| Phone # / Fax #: | |
| Current Vendor (YES or NO): | |
| | |
| Years Associated & Type of Work Performed: | |

| | |
|---|--|
| 2. Contact Name & Title: | |
| Business Name: | |
| Address: | |
| | |
| Email: | |
| Phone # / Fax #: | |
| Current Vendor (YES or NO): | |
| | |
| Years Associated & Type of Work Performed: | |

| | |
|---|--|
| 3. Contact Name & Title: | |
| Business Name: | |
| Address: | |
| | |
| Email: | |
| Phone # / Fax #: | |
| Current Vendor (YES or NO): | |
| | |
| Years Associated & Type of Work Performed: | |

STATE OF DELAWARE PERSONNEL MAY NOT BE USED AS REFERENCES.

STATE OF DELAWARE
 Office of Management and Budget
 Government Support Services

Attachment G

ITB EXCEPTIONS FORM

Contract No. GSS15165-PORT_TOILET
 Contract Title: PORTABLE TOILETS, RENTAL AND SERVICING

Proposals must include all exceptions to the specifications, terms or conditions contained in this ITB. 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 ITB.

| Paragraph # and page # | Exceptions to Specifications, terms or conditions | Proposed Alternative |
|---------------------------|--|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

STATE OF DELAWARE
Office of Management and Budget
Government Support Services

Attachment H

CONFIDENTIALITY FORM

Contract No. GSS15165-PORT_TOILET
Contract Title: PORTABLE TOILETS, RENTAL AND SERVICING

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 |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

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