**AFFIDAVIT OF DISADVANTAGED BUSINESS ENTERPRISE**

Vendors who would like information on becoming a Disadvantaged Business Enterprise (DBE) should contact the Arizona Department of Transportation (ADOT) for more information:

**Online**:

https://utracs.azdot.gov/AzUtracsRegistration/

*If you are a certified DBE, please provide a copy of your DBE certificate.*

STATE OF: Click or tap here to enter text.

CITY & COUNTY OF:Click or tap here to enter text.

I HEREBY DECLARE AND AFFIRM THAT I AM THE Click or tap here to enter text.(Title)

and duly authorized representative of Click or tap here to enter text.(name of

corporation/firm) whose address is Click or tap here to enter text.. I hereby declare and affirm that my firm is a certified Disadvantaged Business Enterprise as [defined](https://www.transportation.gov/civil-rights/disadvantaged-business-enterprise/do-you-qualify-dbe) by the U.S. Department of Transportation Civil Rights Office. The above-named firm shall provide CITY with a copy of the certificate from the Arizona Department of Transportation so affirming their DBE status.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTY OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF THE ABOVE FIRM, TO MAKE THIS AFFIDAVIT.

Affiant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Click or tap to enter a date.

Name & Title: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

Phone: Click or tap here to enter text.

**AFFIDAVIT OF NON-COLLUSION**

I hereby swear (or affirm) under penalty for perjury:

1. That I am the bidder or an officer or employee of the bidding corporation having authority to sign on its behalf (if the bidder is a corporation);

2. That the attached bid or bids has been arrived at by the bidder independently and have been submitted without collusion and without any agreement, understanding, or planned course of action with any other vendor of materials, supplies, equipment, or service described in the invitation to bid, designed to limit independent bids or competition;

3. That the contents of the bid or bids has not been communicated by the bidder or its employees or agents to any person not an employee or agent of the bidder or its surety on any bond furnished with the bid or bids, and will not be communicated to any such person prior to the official opening of the bid or bids; and,

4. That I have fully informed myself regarding the accuracy of the statement made in this affidavit.

SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRM NAME: Click or tap here to enter text.

Subscribed and sworn to before me this Click or tap here to enter text. day of Click or tap here to enter text. , 20 Click or tap here to enter text.

NOTARY PUBLIC

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

Notary Public

My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_\_\_\_\_\_

Bidder’s E.I. Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Number used on employer’s Quarterly Federal Tax Return)

BIDDERS/PROPOSERS LIST

All bidders/proposers are required to provide the following information for all DBE and non-DBE contractors, who provided a proposal, bid or quote. *To the extent permitted by law, all information submitted will be held in strict confidence and will not be shared without your consent.*

# Firm Name: Click or tap here to enter text.

**Address:** Click or tap here to enter text.

# Phone: Click or tap here to enter text. Fax: Click or tap here to enter text.

**Contact Person:** Click or tap here to enter text. **No. of Yrs. In Business:** Click or tap here to enter text.

# Is the firm currently registered as a DBE in the State of Arizona?

# No Yes Certification #: Click or tap here to enter text.

# Type of work/services/materials provided by firm? Click or tap here to enter text.

# What were your firm’s Gross Annual receipts for last year?

**Less than $1 million:**

**Less than $5 million:**

**Less than $10 million:**

**Less than $15 million:**

**More than $15 million:**

This form can be duplicated if necessary to report all bidders (DBEs and non-DBEs) information.

**BUY AMERICA CERTIFICATION**

***Instructions:***

*Bidder to complete the Buy America Certification listed below. Bidder shall certify EITHER*

*COMPLIANCE OR NON-COMPLIANCE (not both). This Certification MUST BE submitted*

*with the Bidder’s bid response.*

**Certification requirement for procurement of steel, iron, or manufactured products.**

*Certificate of Compliance with 49 U.S.C. 5323(j)(1)*

The bidder or offeror hereby certifies that it **will meet** the requirements of 49 U.S.C. 5323(j)(1) and the applicable

regulations in 49 CFR Part 661 and any amendments thereto.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Certificate of Non-Compliance with 49 U.S.C. 5323(j)(1)*

The bidder or offeror hereby certifies that it **cannot comply** with the requirements of 49 U.S.C. 5323(j)(1) and 49

C.F.R. 661.5, but it may qualify for an exception pursuant to 49 U.S.C. 5323(j)(2)(A), 5323(j)(2)(B), or

5323(j)(2)(D), and 49 C.F.R. 661.7.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Special Note: Make sure you have signed only one of the above statements -- either***

***Compliance OR Non-Compliance (not both).***

**BYRD ANTI-LOBBYING AMENDMENT CERTIFICATION**

(To be submitted with each bid or offer exceeding $100,000)

The undersigned, [Company] \_\_\_\_\_\_\_\_\_\_\_\_\_\_ certifies, to the best of his or her knowledge, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 ( as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

The Contractor, [Company] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certifies or affrrms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq., apply to this certification and disclosure, if any.

Signature of Contractor's Authorized Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Contractor's Authorized:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Date:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

**Certification OF LOWER-PARTICIPANTS (SUBCONTRACTORS) REGARDING DEBAREMENT, Suspension, AND OTHER INELIGIBILITY AND VOLUNTARY EXCLUSION**

The Lower Tier Participant (Subcontractor to the Primary CONTRACTOR), Click or tap here to enter text., certifies by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

If the above-named Lower Tier Participant (Subcontractor) is unable to certify to any of the statements in this certification, such participant shall attach an explanation to this certification.

The Lower-Tier participant (Subcontractor),Click or tap here to enter text., certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provision of 31 U.S.C. Section 3801 et seq. are applicable thereto.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

**Signature and Title of Authorized Official Date**

Notary Section

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

***Notary Public Name (Printed)***

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

***Notary Public Signature County of***

\_\_\_/\_\_\_/\_\_\_\_\_\_\_

***Expiration Date***

**Certification by PRIMARY CONTRACTOR Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters**

1.0The Primary CONTRACTOR Click or tap here to enter text. certifies, to the best of its knowledge and belief, that The CONTRACTOR and/or any of its Principals;

1. Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;
2. Have not, within a 3-year period preceding this certification, been convicted of or had a civil judgment rendered against them for: Commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) CONTRACT or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and
3. Are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in subdivision (a)(2) of this clause.
4. Has not, within a 3-year period preceding this certification, had one or more contracts terminated for default by any Federal agency.

1.1Principals,” for the purposes of this certification, means officers; directors; owners; partners; and persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).

1.2 This certification concerns a matter within the jurisdiction of an agency of the United States and the making of a false, fictitious, or fraudulent certification may render the CONTRACTOR subject to prosecution under section 1001, title 18, United States Code.

1.3The CONTRACTOR shall provide immediate written notice to the CITY’S Contracting Officer if, at any time, the CONTRACTOR learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

1.4The certification in this section is a material representation of fact upon which reliance is placed by the CITY in making this CONTRACT. If it is later determined that the CONTRACTOR knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the CITY may terminate the CONTRACT for default.

1.5 If the above-named Primary CONTRACTOR is unable to certify to any of the statements in this certification, the Primary CONTRACTOR shall attach an explanation to this certification.

The Primary CONTRACTOR,Click or tap here to enter text., certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provision of 31 U.S.C. Section 3801 et seq. are applicable thereto.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

**Signature and Title of Authorized Official Date**

Notary Section

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

***Notary Public Name (Printed)***

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

***Notary Public Signature County of***

\_\_\_/\_\_\_/\_\_\_\_\_\_\_

***Expiration Date***

**COMPLIANCE OR EXCEPTION TO THE TERMS AND CONDITIONS OF THE RFP**

A. Compliance:

This is to certify that Offeror agrees and shall comply with the terms and conditions of the RFP.

Firms Name: Click or tap here to enter text.

Proposer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

B. Exception:

*This is to certify that Offeror takes exception to the following terms and conditions of the RFP. Proposer must identify and list the terms and conditions by Section number, page number and title. Proposer must identify what its exception is.*

Firms Name:Click or tap here to enter text.

Proposer Signature;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Click or tap here to enter text.

Date:Click or tap to enter a date.

Proposer shall list and attach to this form proposer’s exception (s) on a separate sheet.

|  |  |
| --- | --- |
| NAME OF SUBCONIRACTOR  Click or tap here to enter text. | PROJECT NAME  Click or tap here to enter text. |
| ADDRESS  Click or tap here to enter text. | CONIRACT NO.  Click or tap here to enter text. |
| TELEPHONE NO.  Click or tap here to enter text. | EMAIL ADDRESS  Click or tap here to enter text. |
| PRIME CONTRACTOR NAME: Click or tap here to enter text. | |

**Disadvantaged Business Enterprise Program DBE Subcontractor Participation Form**

Please use the space below to report any previous work performed on any Federally funded project:

Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| CONTRACT ITEM NO. | ITEM OF WORK OR DESCRIPTION OF SERVICES TO BE PROVIDED FOR THE PRIME CONTRACTOR | CONTRACT VALUE (In US Dollars) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Subcontractor Signature Title / Date: Click or tap here to enter text. | | |

**FAIR EMPLOYMENT PRACTICES CERTIFICATE**

In connection with the performanceof work under this CONTRACT, the CONTRACTOR agrees as follows:

1. The CONTRACTOR will not willfully discriminate against any employee or applicant for employment because of race, color, religious creed, ancestry, national origin, sex, marital status, physical disability, or medical condition, as defined in Government Code Section 12926. The CONTRACTOR will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religious creed, ancestry, national origin, sex, physical disability, or medical condition as defined in Government Code Section 12926. Such action shall include but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this Fair Employment Practices section.

2. The CONTRACTOR will send to each labor union or representative of worker with which he has a collective bargaining agreement or other CONTRACT or understanding, a notice, advising the said labor union or workers’ representative of the CONTRACTOR's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

3. The CONTRACTOR will permit access to his records of employment, employment advertisements, application forms, and other pertinent data records by the Fair Employment and Housing Commission, the awarding authority or any other appropriate agency of the State of Arizona designated by the awarding authority for the purposes of investigation to ascertain compliance with the Fair Employment Practices section of this CONTRACT.

4. A finding of willful violation of the Fair Employment Practicessection of this CONTRACT or of the Fair Employment and Housing Act, Government Code Sections 12900 et. seq., shall be regarded by the awarding authority as a basis for determining the CONTRACTOR to be not a "responsible bidder" as to future contracts for which such CONTRACTOR may submit bids, for revoking the CONTRACTOR’s prequalification rating, if any, and for refusing to establish, re-establish or renew a prequalification ratingfor the CONTRACTOR.

The awarding authority shall deem a finding of willful violation of the Fair Employment and Housing Act to have occurred upon receipt of written notice from the Fair Employment and Housing Commission that it has investigated and determined that the CONTRACTOR has violated the Fair Employment and Housing Act and has issued an order under Government Code Section 12970 or obtained an injunction under Government Code Section 12973.

Upon receipt of such written or notice from the Department of Fair Employment and Housing, the awarding authority shall notify the CONTRACTOR that unless he demonstrates to the satisfaction of the awarding authority within a stated period that the violation has been corrected, his prequalification rating will be revoked at the expiration of such period.

5. The CONTRACTOR agrees, that should the awarding authority determine that the CONTRACTOR has not complied with the Fair Employment Practices section of this CONTRACT, then pursuant to Labor Code Sections 1735 and 1775, the CONTRACTOR shall, as a penalty to the awarding authority, forfeit for each calendar day or portion thereof for each person who was denied employment as a result of such non­compliance, the penalties provided in the Labor Code for violation of prevailing wage rates. Such monies may be recovered from the CONTRACTOR. The awarding authority may deduct any such damages from any monies due the CONTRACTOR.

6. Nothing contained in this Fair Employment Practices section shall be construed in any manner or fashion so as to prevent the awarding authority from pursuing any other remedies that may be available by law.

7. The CONTRACTOR will include the provisions of the foregoing paragraphs 1 through 6 in every first-tier subcontract, if any, so that such provisions will be binding upon each such subcontractor.

8. Statements and Payrolls. The CONTRACTOR shall maintain his records in conformance with the requirements in the Specifications and ­the following provisions:

a. The submissions by the CONTRACTOR of payrolls, or copies thereof. is not required. However, each CONTRACTOR and sub­contractor shall preserve his weekly payroll records for a period of three years from the date of completion of this CONTRACT.

b. The payroll records shall contain the name, address and social security number of each employee, his correct classification, rate of pay, daily and weekly number of hours worked. itemized deductions made and actual wages paid.

c. The CONTRACTOR shall make his payroll records available at the project site for inspection by the CITY and shall permit the CITY or its authorized representative to interview employees during working hours on the job.

The following certification is to be executed by every bidder and enclosed and forwarded in a sealed envelope containing the bid. The person signing the certification shall state their address and official capacity.

**FAIR EMPLOYMENT PRACTICES CERTIFICATION**

The undersigned, in submitting a bid for performing the following work by CONTRACT, hereby certifies that the bidder will meet the above standards of affirmative compliance with the Fair Employment and Housing Act, Government Code Sections 12900, et seq.

Click or tap to enter a date. Click or tap here to enter text.

Date Bidding Company

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Number & Street Signature

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

City State Zip Code

Name of Signer: Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

Telephone Title

**Compliance Matrix**

**Federal Regulations, Clauses, & Requirements**

*RFP PT-21-2*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **requirement** | **AGREE TO Comply** | **Exceptions / comments** |
| 7.1.1 Access to records & reports | Choose an item. | Click or tap here to enter text. |
| 7.1.2 AMERICANS WITH DISABILITIES ACT (ADA): | Choose an item. | Click or tap here to enter text. |
| 7.1.3 Buy America | Choose an item. |  |
| 7.1.4 Byrd Anit Lobbying Amendmenty | Choose an item. |  |
| 7.1.5 Cargo Preferance Requirements: | Choose an item. | Click or tap here to enter text. |
| 7.1.6 CIVIL RIGHTS LAWS AND REGULATIONS: | Choose an item. | Click or tap here to enter text. |
| 7.1.7 CONFORMANCE WITH ITS NATIONAL ARCHITECTURE: | Choose an item. | Click or tap here to enter text. |
| 7.1.8 DEBARMENT AND SUSPENSION: | Choose an item. | Click or tap here to enter text. |
| 7.1.9 DISADVANTAGED BUSINESS ENTERPRISE (DBE) | Choose an item. | Click or tap here to enter text. |
| 7.1.10 DHS SEAL, LOGO, AND FLAGS: | Choose an item. | Click or tap here to enter text. |
| 7.1.11 ENERGY CONSERVATION: | Choose an item. | Click or tap here to enter text. |
| 7.1.12 EQUAL EMPLOYMENT OPPORTUNITY: | Choose an item. | Click or tap here to enter text. |
| 7.1.13 FEDERAL CHANGES: | Choose an item. | Click or tap here to enter text. |
| 7.1.14 FLY AMERICA | Choose an item. | Click or tap here to enter text. |
| 7.1.15 INCORPORATION OF FEDERAL TRANSIT ADMINISTRATION (FTA) TERMS: | Choose an item. | Click or tap here to enter text. |
| 7.1.16 NO U.S. GOVERNMENT OBLIGATION TO THIRD PARTIES: | Choose an item. | Click or tap here to enter text. |
| 7.1.17 NOTIFICATION TO FTA: | Choose an item. | Click or tap here to enter text. |
| 7.1.18PROMPT PAYMENT: | Choose an item. | Click or tap here to enter text. |
| 7.1.19 PROCUREMENT OF RECOVERED MATERIALS | Choose an item. | Click or tap here to enter text. |
| 7.1.20 PROGRAM FRAUD AND FALSE OR FRAUDULENT STATEMENTS AND RELATED ACTS | Choose an item. | Click or tap here to enter text. |
| 7.1.21 SPECIAL NOTIFICATION REQUIREMENTS FOR STATES | Choose an item. | Click or tap here to enter text. |
| 7.1.22 SAFE OPERATION OF MOTOR VEHICLES: | Choose an item. | Click or tap here to enter text. |
| 7.1.23 TERMINATION: | Choose an item. | Click or tap here to enter text. |

The undersigned, hereby certifies that the bidder / CONTRACTOR shall comply with the above listed Federal Regulations, Clauses, and Requirements unless otherwise indicated above.

BIDDING FIRM: Click or tap here to enter text.

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Name & Title: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text. City: Click or tap here to enter text.

State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Phone: Click or tap here to enter text.

**PRICE PROPOSAL FORM**

**for**

**Microtransit, Fixed Bus Route, Digital Pass Software Solutions, and Cellular Based Voice Over Internet Protocol (VoIP)**

**RFP No PT-21-2**

To: City of Sedona

102 Roadrunner Drive

Sedona, AZ 86351

From: Click or tap here to enter text.

Name of Bidder

Click or tap here to enter text.

Mailing Address

Click or tap here to enter text.

City, State & Zip

## CONTRACTOR'S PRICE PROPOSAL:

The undersigned Proposer agrees that they will contract with CITY to provide all necessary labor, services supervision, machinery, tools, apparatus, and other means necessary to do all the work and furnish all the services, reports and materials specified in the contract in the manner and time therein prescribed, and that he will take in full payment the amount set forth hereon.

The cost of all labor, material, and equipment necessary for the completion of the work/services itemized, even though not shown, or specified, shall be included in the unit price for the various items shown hereon. CITY reserves the right to increase or decrease the quantity of any item or omit items as may be deemed necessary. When increases or decreases are made, appropriate additions or deductions from the CONTRACT total price will be made at the stipulated unit price.

|  |  |
| --- | --- |
| One Time Implementation Cost | Click or tap here to enter text. |
| On-going monthly cost | Click or tap here to enter text. |

Please describe the cost elements that are included in the on-time implementation the scope of services:

Click or tap here to enter text.

Please describe the cost elements that are included in the on-going costs :

Click or tap here to enter text.

Please include any other relevant information required for the CITY to fully understand the CONTRACTOR’S price proposal..

Click or tap here to enter text.

CONTRACTOR may submit additional information on separate sheets as needed for their price proposal.

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

Signature of Proposer's Authorized Representative

Click or tap here to enter text.

Name & Title of Authorized Representative

Click or tap to enter a date.

Date of Signing

**PROPOSER'S STATEMENT**

**REGARDING INSURANCE COVERAGE**

**To Be Submitted with Proposal**

PROPOSER HEREBY CERTIFIES that the Proposer has reviewed and understands the insurance coverage requirements specified in Section 9 of the Request For Quote No. PT 21-1 for Microtransit, Fixed Bus Route software solutions, and cellular based Voice Over Internet Protocol (VoIP) . Should the Proposer be awarded the contract for the work, Proposer further certifies that the Proposer can meet the specified requirements for insurance, including insurance coverage of the subcontractors, and agrees to name the CITY of Sedona as Additional Insured for the work specified.

Click or tap here to enter text.

Name of Proposer (Person, Firm, or Corporation)

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

Signature of Proposer's Authorized Representative

Click or tap here to enter text.

Name & Title of Authorized Representative

Click or tap to enter a date.

Date of Signing

**SUBCONTRACTORS LIST**

The following is a list of the subcontractors that will be used in the work/services if the Proposer is awarded the contract, and no subcontractor not listed below will be used without the written approval of CITY. Additional numbered pages outlining this portion of the Proposal may be attached to this page. NOTE: Subcontractors' address, telephone number, license numbers, class and expiration date information may be omitted from this form but must then be submitted within two (2) working days following the opening of Proposals. Subcontractor name, location, and item of work must be stated at the time of the Proposal.

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

Proposer Name: Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| SUBCONTRACTORS LIST, Page 1  All Subcontractors in excess of 1/2 of 1% of total Proposal must be listed. | | |
| SUBCONTRACTOR:Click or tap here to enter text. |  | ITEM OF WORK:  Click or tap here to enter text. |
| LOCATION/ADDRESS:Click or tap here to enter text. |  |  |
| LICENSE NO.  CLASS:Click or tap here to enter text. | EXPIRATION DATE:  Click or tap to enter a date. | PHONE:  Click or tap here to enter text. |

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| SUBCONTRACTORS LIST, Page 1  All Subcontractors in excess of 1/2 of 1% of total Proposal must be listed. | | |
| SUBCONTRACTOR:Click or tap here to enter text. |  | ITEM OF WORK:  Click or tap here to enter text. |
| LOCATION/ADDRESS:Click or tap here to enter text. |  |  |
| LICENSE NO.  CLASS:Click or tap here to enter text. | EXPIRATION DATE:  Click or tap to enter a date. | PHONE:  Click or tap here to enter text. |

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| SUBCONTRACTORS LIST, Page 2  All Subcontractors in excess of 1/2 of 1% of total Proposal must be listed. | | |
| SUBCONTRACTOR:Click or tap here to enter text. |  | ITEM OF WORK:  Click or tap here to enter text. |
| LOCATION/ADDRESS:Click or tap here to enter text. |  |  |
| LICENSE NO.  CLASS:Click or tap here to enter text. | EXPIRATION DATE:  Click or tap to enter a date. | PHONE:  Click or tap here to enter text. |

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| LICENSE NO.  CLASS:Click or tap here to enter text. | EXPIRATION DATE:  Click or tap to enter a date. | PHONE:  Click or tap here to enter text. |

**WORKER'S COMPENSATION INSURANCE CERTIFICATE**

The CONTRACTOR shall execute the following form as required by the Arizona State Statue Title 23 Chapter 6.

I am aware of the provisions of, Arizona State Statue Title 23 Chapter 6,

which require every employer to be insured against liability for worker's compensation or to undertake self‑insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of the work of this contract.

Click or tap here to enter text.

Name of Proposer (Person, Firm, or Corporation)

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

Signature of Proposer's Authorized Representative

Click or tap here to enter text.

Name & Title of Authorized Representative

Click or tap to enter a date.

Date of Signing