

**Proposal Response Sheet**

**Shelby County Government – RFQ 17-002-33 2050 REGIONAL TRANSPORTATION PLAN (RTP) UPDATE**

Name of firm: \_\_\_\_\_

Firm's Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Remit Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Print: \_\_\_\_\_

Signature (Person authorized to negotiate with the County on behalf of the organization/firm.)

Email address: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Print: \_\_\_\_\_

Signature (Person authorized to negotiate with the County on behalf of the organization/firm.)

Email address: \_\_\_\_\_

The signature (s) above indicates that certifies that:

- (i) the Proposer's signatory is an agent authorized to submit proposals on behalf of the organization/firm;
- (ii) all declarations in the proposal and attachments are true to the best of reasonable knowledge;
- (iii) all aspects of the proposal, including cost, have been determined independently, without consultation with any other prospective Proposer or competitor for the purpose of restricting competition;
- (iv) the offer made in the proposal is firm and binding for 90 days after receipt of the proposal by the County; and
- (v) all aspects of this RFP and the proposal submitted are binding for the duration if this proposal is selected and a contract awarded.

Vendor # \_\_\_\_\_ **(Required)** EOC #: \_\_\_\_\_ **(Required)**

*If EOC certification was obtained through a Teaming agreement and the EOC number starts with a "T", please complete the next page. If this does not apply, disregard the next page.*

\_\_\_\_\_ Check here if you qualify as a MBE\_\_\_\_, HBE\_\_\_\_ or WBE\_\_\_\_ (Minority, Hispanics or Woman owned Business Enterprise) If so, please indicate the classification below:

African American  Hispanic American  Asian American  Native American  Other \_\_\_\_\_

\_\_\_\_\_ Check here if you are a qualified LOSB (Locally owned Small Business) vendor. Certification for this status is received through the EOC Administration. *This is not a self-certifying classification.*

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Are you currently in an EOC Teaming Agreement? If so please complete the following:

Please name the firm you agreed to team with in order to be qualified to do business with Shelby

County Government: \_\_\_\_\_

You are aware that part of being approved with a “Teaming Agreement” you agreed to team with the certified LOSB identified on your agreement on “ALL” County projects? \_\_\_\_\_

Will this company participate in the completion of services for this proposal? \_\_\_\_\_

If not, why? \_\_\_\_\_

\_\_\_\_\_

If you answered no to the above question, is your Teaming LOSB vendor aware that you are bidding on this project for the County? \_\_\_\_\_

Have you included another firm to participate in the completion of the services: \_\_\_\_\_

If so, who? \_\_\_\_\_

\_\_\_\_\_

*(Include the complete business name, address, phone and contact person)*

Are they a certified LOSB with Shelby County? \_\_\_\_\_ Include LOSB# \_\_\_\_\_

*\*\*Please note that all of the information contained on this page will be used during the evaluation of the responses\*\**

**The first page of this document MUST be printed on your company letterhead or stationary.**

Definitions for the information listed on the first page

**Locally Owned Small Business/Minority and Women Business Enterprise**

As defined in Shelby County Government Ordinances No. 471 and 472.

Response Checklist:

Please make sure that basic information listed below is provided in your RFP before you submit your response.

- Cover Sheet/Proposal Response Sheet (**Required**)
- Comprehensive Response to Minimum Requirements & Required Services
- Cost & Fees
- Experience of Respondent
- References
- Additional Information (optional)

***(This checklist does not absolve the Respondent of any other required documentation indicated in the document not list above. Please use the information highlighted above as a reference only)***