# **SUBMITTAL FORMS**

## **COMPANY PROFILE**

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| **FULL LEGAL NAME OF COMPANY STREET ADDRESS CITY/STATE/ZIP** | | | |
| **BID REQUEST OR PURCHASE ORDER ADDRESS STREET ADDRESS CITY/STATE/ZIP** | | | |
| **REMITTANCE ADDRESS STREET ADDRESS CITY/STATE/ZIP** | | | |
| **OWNERS, PARTNERS OR PRINCIPAL OFFICERS TITLE TELEPHONE NUMBER** | | | |
| **PRIMARY CONTACT PERSON TITLE TELEPHONE NUMBER FAX NUMBER**  **Email Address:** | | | |
| **BUSINESS CLASSIFICATION**  **( ) SOLE PROPRIETORSHIP ( ) PARTNERSHIP ( ) CORPORATION** | | | **YEAR ESTABLISHED/INCORPORATED** |
| **TYPE OF BUSINESS (CHECK ALL THAT APPLY)**  **( ) RETAIL ( ) WHOLESALE ( ) SERVICE ( ) CONSTRUCTION ( ) MANUFACTURING ( ) FRANCHISE ( ) BROKER ( ) DISTRIBUTOR** | | | **FEDERAL TAX PAYER I.D. NUMBER** |
| **ANNUAL GROSS SALES**  **FOR LAST CALENDAR YEAR** | **TOTAL NUMBER OF**  **FULL-TIME EMPLOYEES** |  | |
| **MAJOR CUSTOMER REFERENCES CITY/STATE CONTACT NAME & TITLE TELEPHONE NUMBER ANNUAL SALES AMOUNT**  **(WHO CAN ADDRESS YOUR PERFORMANCE)**  **ATTACH REFERENCES ON A SEPARATE SHEET** | | | |
| **NAME OF PARENT COMPANY STREET ADDRESS OR P. O. BOX CITY/STATE/ZIP** | | | |
| **MAJOR PRODUCTS OR SERVICES PROVIDED. (Product line sheets may be attached)** | | | |
| **( ) YES ( ) NO TO THE BEST OF MY KNOWLEDGE, ARE YOU OR, TO THE BEST OF YOUR KNOWLEDGE, ANY FULL OR PART TIME EMPLOYEES, OWNERS, OFFICERS, DIRECTORS, STOCKHOLDERS, OR SUBCONTRACTORS OF THIS COMPANY, OR MEMBERS OF THEIR IMMEDIATE FAMILY, A MEMBER OF THE DISTRICT BOARD OF TRUSTEES OR AN EMPLOYEE OR INDEPENDENT CONTRACTOR OF THE District. IF YES, ATTACH DETAILS.** | | | |
| **( ) YES ( ) NO COMPANY HAS WORKERS COMPENSATION, PERSONAL INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE.** | | | |
| **( ) YES ( ) NO HAVE THE YOU OR THE OWNER(S) OR OPERATOR(S) OF THE BUSINESS ENTITY BEEN CONVICTED OF, OR CURRENTLY CHARGED WITH, A FELONY? IF YES, ATTACH A GENERAL DESCRIPTION OF THE CONDUCT RESULTING IN THE CHARGE OR CONVICTION. THIS DOES NOT APPLY TO A PUBLICLY HELD CORPORATION.** | | | |
| **( ) YES ( ) NO UPON REQUEST THE COMPANY WILL PROVIDE INFORMATION THAT SHOWS THE COMPANY’SR FINANCIAL AND OTHER RESOURCE CAPABILITIES?** | | | |
| **( ) YES ( ) NO IS COMPANY CERTIFIED AS BEING A MINORITY OR WOMAN OWNED BUSINESS? IF YES, ATTACH A COPY OF YOUR CERTIFICATION** | | | |
| **TO THE BEST OF MY KNOWLEDGE, I CERTIFY TO THE DALLAS COLLEGE THAT THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SIGNATURE PRINTED NAME OFFICER TITLE DATE** | | | |

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## **SUPPLIER DEVELOPMENT**

Dallas College is committed to increasing participation by minority/woman-owned business enterprises (“M/WBE’s”) in all phases of its procurement processes and to support, to the greatest extent feasible, their efforts to compete for purchases of equipment, supplies, services, and construction-related services on a fair and equitable basis.

On a voluntary basis, contractors/s are encouraged to provide the opportunity for competent M/WBE subcontractors and/or suppliers to work under a prime contract.

Bid Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bid Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| ( ) Yes ( ) No 51% or more of the company is owned, controlled and operated by a U.S. citizen(s) who is a non-minority woman. | | |
| ( ) Yes ( ) No 51% or more of the company is owned, controlled and operated by a U.S. citizen(s) whose ethnic origin is:  ( ) AA – Native American; ( ) AI – Asian Indian; ( ) AP – Asian Pacific American; ( ) BL – Black American;  ( ) HI – Hispanic American; ( ) WO – American Women (excludes AA, AI, AS, HI women)  ( ) M - Male; ( ) F - Female | | |
| ( ) Yes ( ) No Is the company certified as minority/woman-owned?  If yes, attach a copy of current certification document. | Certifying Agency  ( ) NCTRCA  ( ) State of Texas HUB  ( ) DFWMBC  ( ) Women’s Business Council  ( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expiration  \_\_\_\_\_\_\_\_\_\_ |
| Do you have a supplier diversity program? ( ) Yes ( ) No  If yes, please provide the program contact information:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number(s) E-mail Address | | |
| **To the best of my knowledge, I certify that the information on this form is true and correct.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Signature Printed Name Officer Title Date | | |

## **PROPOSAL TRANSMITTAL AND STATEMENT OF CERTIFICATIONS AND ASSURANCES**

**The Proposer must complete and sign this Technical Proposal Transmittal. It must be signed, in the space below, by an individual empowered to bind the proposing entity to the provisions of this RFP and any contract awarded pursuant to it. If the individual is not the Proposer’s chief executive, attach evidence showing the individual’s authority to bind the proposing entity.**

**PROPOSERS LEGAL ENTITY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Proposer does hereby affirm and expressly declare confirmation, certification, and assurance of the following:**

1. The information detailed in the proposal submitted herewith in response to the RFP is accurate.
2. The proposal submitted herewith in response to the RFP shall remain valid for at least **120 days** subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract pursuant to the RFP.
3. The Proposers shall comply with:
   1. the laws of the State of Texas;
   2. Title VI of the federal Civil Rights Act of 1964;
   3. Title IX of the federal Education Amendments Act of 1972;
   4. the Equal Employment Opportunity Act and the regulations issued there under by the federal government;
   5. the Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government;
   6. the condition that the submitted proposal was independently arrived at, without collusion, under penalty of perjury; and,
   7. the condition that no amount shall be paid directly or indirectly to an employee or official of the State of Texas as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Proposer in connection with the Procurement under this RFP.
4. Proposer hereby acknowledges that it understands that persons submitting a response to this RFP must comply with all applicable laws, ordinances, rules and regulations including the provisions of the State of Texas Local Government Code Chapter 176. As applicable, the person submitting a response to this RFP must complete and submit a Conflict of Interest Questionnaire form (“CIQ”) in a format approved by the [**Texas Ethics Commission**](https://www.ethics.state.tx.us/filinginfo/conflict_forms.htm)**.** The form is to be sent to the Vice Chancellor of Business Affairs, Records Administrator, District Service Center, DALLAS COLLEGE, 4343 IH 30, Mesquite, Texas 75150-2018. A copy of the form can be found at the Texas Ethics Commission [**website**](https://www.ethics.state.tx.us/forms/CIQ.pdf)**.**
5. The Proposer shall comply with all of the provisions in the subject RFP and shall accept all terms and conditions set out in the RFP Sample District Contract/Agreement. If there are any exceptions to agreement, Proposer must complete the Exceptions of Requirements and/or Sample Agreement form.
6. The Proposer shall provide a performance bond in accordance with the requirements of the RFP. Failure to provide the District with the required performance bond will be cause for rejection of proposal. (ADD THIS ONLY IF APPLICABLE).
7. The Proposer certifies, by signature below and submission of the proposal, that neither I nor my principals are presently disbarred, suspended, proposed for disbarment, declared ineligible or voluntarily excluded from participation in this transaction by any State or Federal department or agency.

**SIGNATURE AND DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **INSURANCE AGENT AFFIRMATION**

TO BE COMPLETED BY COMPANY AND SUBMITTED WITH THE NOTED RFP.

THIS DOCUMENT APPLIES ONLY TO THIS SOLICITATION AND IS NOT

TO BE DUPLICATED OR RE-SUBMITTED FOR ANY OTHER RFP.

Name of Company Submitting the RFP

**( ) I, , affirm that my company CURRENTLY HAS, by submission of the attached insurance certificate, the types of insurance in the respective amounts of coverage as specified in this Request for Submittals.**

**( ) I, , affirm that my company HAS MADE ARRANGEMENTS TO OBTAIN the types of insurance in the respective amounts of coverage as specified in this Request for Submittals through the insurance agency named below.**

Name of Insurance Agency:

Address of Agency: City/State/Zip:

Telephone Number: Facsimile Number:

Contact Name: Email:

**NOTE:** The insurance must be obtained from a company or companies acceptable to the owner,

licensed to transact business in the State of Texas, and have a minimum financial security

rating by A.M. Best of “A minus” or better, or the equivalent from any other rating system.

FOR QUESTIONS REGARDING THESE REQUIREMENTS, CALL THE PURCHASING DEPARTMENT AT 972/860-7771.

## **COOPERATIVE PURCHASING MEMBERSHIP INFORMATION FORM**

By completing and submitting this form, Company asserts it has been awarded a contract from a cooperative purchasing entity which follows a national, state, regional or local competitively procurement and contract process that meets minimum legal procurement requirements in the State of Texas.

* + - 1. **Cooperative Purchasing Program Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
      2. **Cooperative Purchasing Program/Group Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
      3. **Contract Number:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
      4. **Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
      5. **Term or Maturity Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Attach a copy of award letter and any additional relevant documentation. Cooperative purchasing contract term must be within the proposed term.

**TO THE BEST OF MY KNOWLEDGE, I CERTIFY TO THE DALLAS COLLEGE THAT THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE.**

**Submitted this day of , 2023 by and for the Company identified as follows:**

Company:

Street Address:

City/State/Zip:

Signature (Original): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:

Owner/Partner/Officer Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_