

ATTACHMENT A – COVER PAGE

PROPOSER'S NAME (*name of firm, entity, or organization*):

FEDERAL EMPLOYER IDENTIFICATION NUMBER:

NAME AND TITLE OF PROPOSER'S CONTACT PERSON:

MAILING ADDRESS:

Street Address: _____

City, State, Zip: _____

Telephone No.: _____

Fax No.: _____

e-mail: _____

PROPOSER'S ORGANIZATIONAL STRUCTURE

Corporation Partnership Proprietorship Joint Venture

Other (explain): _____

If Corporation, Date Incorporated: _____ State Incorporated: _____

States in which Proposer is registered in as foreign corporation:

PROPOSER'S SERVICES OR BUSINESS ACTIVITIES OTHER THAN WHAT THIS RFP REQUESTS:

I hereby declare that the foregoing is true and correct under the laws of the State of California:

PROPOSER'S AUTHORIZED SIGNATURE:

SIGNED: _____

DATE: _____

PRINT NAME: _____

TITLE: _____

ATTACHMENT B – MINIMUM PROPOSER REQUIREMENTS

The following requirements apply to all Proposers.

	Requirement	“No”	If “Yes”, check the box and attach an explanation and/or description specifically responding to the question.
1.	Have you had any client complain that your performance was not satisfactory within the past six (6) years?		
2.	Do you have the administrative and fiscal capability to provide and manage the proposed services and to ensure an adequate audit trail?		
3.	Do you possess the knowledge and experience necessary to successfully perform the Services sought by the RFP?		
4.	Do you have a minimum of five (5) or more years of experience providing DSA Closeout Certification services in California?		
5.	Have you provided a minimum of five (5) other client references regarding you're the same type of Services being sought by this RFP?		
6.	Have you successfully completed (i.e., obtained Closeout with Certification letters - “#1 Letter” - from DSA) on at least ten projects?		
7.	Have you complied with all other RFP requirements as listed in this RFP?		
8.	Do you employ architect(s), licensed by, and in good standing with, the State of California, who can serve as the lead person providing the Services?		

I hereby declare that the foregoing is true and correct under the laws of the State of California:

SIGNED:

PRINT NAME:

TITLE:

DATE:

ATTACHMENT C – EXCEPTIONS TO RFP

PROPOSER NAME: _____

ADDRESS: _____

TELEPHONE#: () _____ FAX #: () _____

I have reviewed the RFP, all Attachments thereto, and take no exceptions. [_____]
Check the box if you have no exceptions

I have reviewed the RFP, all Attachments thereto, and have the following exceptions:

(Please identify and list your exceptions by indicating the Section or Paragraph number, and Page number, as applicable. Be specific about your objections to content, language, or omissions. Add as many pages as required.)

I hereby declare that the foregoing is true and correct under the laws of the State of California:

Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____

ATTACHMENT D – STATEMENT OF CERTIFICATION

The following statements are incorporated in our response to Compton Community College District.

	Requirement	Agree (initial)	Agree with qualification (initial and attach explanation)
1.	The offer made in the Proposal is firm and binding for 90 days from the date the Proposal is opened by the District.		
2.	All aspects of the Proposal have been determined independently, without consultation with any other Proposer (competitor) for the purpose of restricting competition.		
3.	All Certifications in the Proposal and attachments are true and that this shall constitute a warranty, the falsity of which will entitle the District to pursue any remedy should the District sustain damage by relying thereon.		
4.	Proposer agrees that all aspects of the RFP and the Proposal submitted shall be binding if the Proposal is selected and an Agreement awarded.		
5.	Proposer agrees to provide the District with any other information the District determines is necessary for an accurate determination of the Proposer's ability to perform the Services being requested.		
6.	If selected, Proposer agrees to will comply with all applicable rules, laws and regulations.		

I hereby declare that the foregoing is true and correct under the laws of the State of California:

Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____

ATTACHMENT E – REFERENCES

Name of Agency	Contact Name/Address	Phone Number	Dates services provided (from / through*)

Provide a minimum of five (5) client references you have contracted with, providing the same Services as requested by this RFP.

If you wish to provide more than five (5) references, please check the box below and attach an additional page(s).

[] I have provided more than five (5) references, please see attached page(s).

*Enter “**Present**” if still providing the services (Example: 05/21/03/present)

ATTACHMENT F – PROFESSIONAL SERVICES AGREEMENT

SEE ATTACHED SAMPLE CONTRACT AND Exhibits “A” and “B” THERETO