

PROPOSAL RESPONSE FORM

Proposer Name: _____

The Proposal shall constitute an offer to STA as outlined herein and in the Price Proposal Form. No Proposer may withdraw its Proposal following the Proposal Due Date, except as allowed by the RFP.

1. EXAMINATION OF DOCUMENTS

A. Having carefully examined all RFP Documents, the undersigned proposes to perform all Work in accordance with the RFP Documents for compensation to be computed from prices submitted on the Price Proposal Form.

B. Receipt of the following Addenda is hereby acknowledged:

Addendum No. _____ Date: _____

Addendum No. _____ Date: _____

Addendum No. _____ Date: _____

Addendum No. _____ Date: _____

Addendum No. _____ Date: _____

2. VALIDITY OF PROPOSAL

The undersigned affirms pricing in its Proposal shall be valid for not less than ninety (90) days from the Proposal Due Date or the Best and Final Offer Date, whichever is later.

3. INSURANCE

The undersigned certifies it shall meet all insurance requirements as stated in the Sample Agreement of this RFP upon execution of a Contract.

4. EXAMINATION OF DOCUMENTS & CONDITIONS

By submitting a Proposal, the undersigned represents:

A. The Proposer has examined, read, and understands the RFP Documents and its Proposal is made in accordance therewith.

B. The Proposal is based upon the materials and requirements outlined in the Technical Requirements and on local conditions affecting the Work as determined by the Proposer's own examinations and includes a sum sufficient to cover the total cost of the scope of this RFP.

5. PUBLIC RECORDS ACT

By submitting a Proposal, the undersigned acknowledges STA is subject to RCW 42.56, the "Public Records Act". The Proposer understands and agrees any record it obtains or produces under this RFP may be a public record under the Public Records Act, or its successor act. The Proposer certifies it shall cooperate fully, and in a timely manner, with STA in responding to a public records request related to its Proposal.

All Proposals received shall be deemed public records as defined in the Public Records Act and must be released by STA upon receipt of a request for disclosure unless an exemption clearly applies. Any information in the Proposal that the Proposer desires to claim as proprietary and exempt from disclosure under the provisions of state and/or federal law shall be identified on a separate page of the Proposal,

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providing an explanation of the statutory basis asserted for exempting the information from disclosure. Each page, image, diagram, or text claimed to be exempt from disclosure must be clearly identified by the words "Exempt from Disclosure" printed on it. **Marking the entire submittal Confidential or Exempt from Disclosure will not be honored.** STA will review any marked materials for disclosure if a request is submitted and assumes no liability for disclosure of proprietary material submitted by Proposers. Each Proposer will be responsible for protecting any disclosure of its Proposal under applicable law.

6. EQUAL EMPLOYMENT OPPORTUNITY

With the submission of a Proposal, the undersigned certifies the Proposer complies with all federal, state, and local Equal Employment Opportunity laws, rules and regulations.

7. CONTINGENT FEES

The undersigned certifies the Proposer has not paid or agreed to pay any fee or commission, or any other thing of value, contingent upon the award of this RFP, to any employee, official or current consultant of STA. The undersigned certifies the financial information in its Proposal has been arrived at independently and without consultation, communication or agreement for the purpose of restricting competition as to any matter relating to such costs with any other response or Proposer.

8. ANTI-KICKBACK

The undersigned certifies no officer or employee of STA, having the power or duty to perform an official act or action related to this Proposal, has been or will be solicited or granted a present or future gift, favor, service or other thing of value from or to the Proposer.

9. FEDERAL DEBARMENT

The undersigned represents that the Proposer and all offices with any controlling interest herein are not currently, and have not previously, been on any debarred bidders list maintained by the United States Government.

10. UBI CERTIFICATION

The undersigned certifies that no final determination of violation of RCW 50.12.070(1)(b) or 82.32.070(1)(b) has been made by the Washington State Department of Employment Security, Department of Labor and Industries, or Department of Revenue, respectively dated within two (2) years of the Proposal Due Date. The undersigned understands further that no Proposal may be submitted, considered or contract awarded for a public work to any person or entity that has a determination of violation of the above reference statutes within two (2) years from the date that a violation is finally determined and the Proposal Due Date.

11. AWARD OF CONTRACT

If written notice of acceptance of all or part of the Proposal is mailed, sent electronically or delivered to the Proposer within ninety (90) Days after the Proposal Due Date, or the Best and Final Offer date, the Proposer will, within **fifteen (15) Days** after date of such notice, execute and deliver the Contract as specified and furnish all requisite documentation including, but not limited to, Certificates of Insurance, Payment and Performance Bonds, and Subcontractor Proposer Certifications, as required.

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I CERTIFY, to the best of my knowledge, the information contained in this Proposal is accurate and complete and that I have the legal authority to commit this firm to a contractual agreement. I understand the final funding for any service is based upon budget levels and the approval of the Spokane Transit Authority's Board of Directors.

Proposer Name: _____
(as registered with the State of Washington)

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

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1. PROPOSER ADMINISTRATIVE INFORMATION

Company Name: _____
(as registered with the State of Washington)

Physical Address: _____

Mailing Address: _____

Primary Contact: _____ Email: _____

Phone: _____

Washington UBI No.: _____

Federal Tax Identification No.: _____

Complete for Public Works projects:

Washington Contractor Registration No.: _____

Washington Industrial Insurance Account No.: _____

2. PROPOSER INSURANCE COMPANY

Agency Name: _____

Mailing Address: _____

Primary Contact: _____ Email: _____

Phone: _____

3. PROPOSER SURETY (complete if bonds are required by the RFP)

Surety Name: _____

Mailing Address: _____

Primary Contact: _____ Email: _____

Phone: _____

I certify the information above is true and correct:

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

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SUBCONTRACTOR LIST FOR PUBLIC WORKS PROJECTS

If this Proposal is expected to exceed \$1 million dollars, in accordance with RCW 39.30.060, Proposers must provide with their Proposal, or within one (1) hour after the time at which Proposals are due on the Proposal Due Date, the names of consultants and subcontractors that the Proposer, if awarded a Contract, will contract with for the performance of Work. At a minimum, the Proposer must list consultants of each discipline, as well as electrical, plumbing and HVAC contractors applicable to the Work. If no consultants and/or subcontractors are listed, it will be considered the Proposer's affirmation that it does not intend to use any consultants and/or subcontractors in its performance of the Work.

For additional consultants and/or subcontractors, attach copies of the second page of this Subcontractor List.

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|---|---------------------------|
| Type of work: _____ | |
| Company Name: _____ (as registered with the State of Washington) | |
| Physical Address: _____ | |
| Mailing Address: _____ | |
| Telephone: _____ | Fax: _____ |
| Primary Contact: _____ | |
| Phone: _____ | Email: _____ |
| WA Contractor License No.: _____ | WA UBI No.: _____ |
| WA Industrial Insurance Account No.: _____ | Federal Tax Id No.: _____ |

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

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| | |
|---|---------------------------|
| Type of work: _____ | |
| Company Name: _____ (as registered with the State of Washington) | |
| Physical Address: _____ | |
| Mailing Address: _____ | |
| Telephone: _____ | Fax: _____ |
| Primary Contact: _____ | |
| Phone: _____ | Email: _____ |
| WA Contractor License No.: _____ | WA UBI No.: _____ |
| WA Industrial Insurance Account No.: _____ | Federal Tax Id No.: _____ |

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| Type of work: _____ | |
| Company Name: _____ (as registered with the State of Washington) | |
| Physical Address: _____ | |
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| Primary Contact: _____ | |
| Phone: _____ | Email: _____ |
| WA Contractor License No.: _____ | WA UBI No.: _____ |
| WA Industrial Insurance Account No.: _____ | Federal Tax Id No.: _____ |