

## ATTACHMENT 1 PROPOSAL SUBMISSION COVER SHEET

### OFFEROR INFORMATION, AMENDMENTS, CERTIFICATIONS, PREFERENCES AND CHECKLIST

**1. OFFEROR INFORMATION:** This form shall be the cover page for the Offeror's proposal. In the space provided, enter the requested Offeror identification information. Use this form to indicate your acknowledgement of the response conditions.

<b>RFP Number:</b>	2019-1000-4124
<b>RFP Name:</b>	Telephonic Town Hall & Livestream Audio Coordination & Administration
<b>Company Name:</b>	
<b>Mailing Address:</b>	
<b>Contact Person:</b>	
<b>Title:</b>	
<b>Telephone Number:</b>	
<b>Alternate Phone:</b>	
<b>Federal Tax Id #:</b>	
<b>Alaska Business License #:</b>	
<b>E-Mail Address:</b>	
<b>Alternate Email:</b>	
<b>Fax Number:</b>	

**2. AMENDMENT ACKNOWLEDGEMENT:** Offeror acknowledges receipt of the following amendments and has incorporated the requirements of such amendments into the proposal. *(List all amendments issued for this RFP):*

No.	Date
No.	Date

No.	Date
No.	Date

No.	Date
No.	Date

**3. OFFEROR CERTIFICATION:** Acknowledge the following statements, conditions, and information by clearly marking the space provided. Failure to comply with these items may cause the proposal to be determined nonresponsive and the proposal may be rejected, or the State may terminate the contract or consider the Contractor in default.

#	CERTIFICATION	RESPONSE
1	Offeror certifies they understand and meet the minimum qualifications listed in Section 1.03 of the RFP and throughout the RFP document.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Offeror certifies that that do no have any potential Conflicts of Interest.	<input type="checkbox"/> YES <input type="checkbox"/> NO

**4. STATE OF ALASKA PREFERENCES:** Please answer the following nine questions regarding the State of Alaska preference. Knowingly or intentionally making false or misleading statements on this form constitutes misrepresentation per AS 36.30.687 and may result in criminal penalties. (RFP page 2)

<b>Are you claiming the State of Alaska Bidder preference?</b> (If "Yes", please answer the questions below).		<input type="checkbox"/> YES <input type="checkbox"/> NO
#	Questions	RESPONSE
1	Do you currently hold an Alaska business license per AS 36.30.990.(2)(A)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Is the company name submitted on this proposal the same name that appears on the current Alaska Business License per AS 36.30.990 (2)(B)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Has your company maintained a place of business within the State of Alaska staffed by the Offeror or an employee of the Offeror for a period of six months immediately preceding the date of the proposal per AS 36.30.990 (2)(C) and RFP Section 6.12?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	How many employees occupy or use your Alaska based place of business?	
5	Is your Alaska based place of business leased by your company? (If "Yes", please provide the name listed on the lease here).	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Is your company incorporated or qualified to do business under the laws of the State, is a sole proprietorship and the proprietor is a resident of the State, is a limited liability company organized under AS 10.50 and all members are residents of the State, or is a partnership under former AS 32.05, AS 32.06, or AS 32.11 and all partners are residents of the State?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7	Is the offeror, or at least one employee of the offeror, a resident of the state of Alaska under AS 16.05.415 (a) per 2 AAC 12.990 (b)(7)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	If claiming the Alaskans with Disabilities Preference, or the Employment Program Preference, do you have a copy of your certification letter from Division of Vocational Rehabilitation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Is your company claiming any additional preferences listed in Section 6.11 of the RFP document? (If "Yes", please provide the claimed preferences here).	<input type="checkbox"/> YES <input type="checkbox"/> NO

**5. OFFEROR CHECKLIST:** The following documents are required and to be submitted with the offeror's proposal. Acknowledge you have submitted each document in the proper format by clearly marking in the space provided. We suggest using an easy-to-understand naming convention for the attached files, as this will simplify the evaluation process.

DOCUMENT	REQUIREMENT	INCLUDED?
<b>Attachment 1 –Proposal Submission Cover Sheet</b>	<ul style="list-style-type: none"><li>Required Document – Must be submitted with the Proposal</li></ul>	<input type="checkbox"/> YES
<b>Attachment 2 – Cost Schedule</b>	<ul style="list-style-type: none"><li>Required Document – Must be submitted with the Proposal</li></ul>	<input type="checkbox"/> YES

DOCUMENT	Documents below are required if claiming Alaska preferences	
<b>Certification Letter for Preference Claim</b>	<ul style="list-style-type: none"><li>Required Document – Must be received with the proposal if Offeror is claiming the Employment Program Preference or the Alaskans with Disabilities Preference. RFP Section 6.11.</li></ul>	<input type="checkbox"/> YES
<b>AK Business License</b>	<ul style="list-style-type: none"><li>Required Document – Must be received <u>with</u> the proposal at the time of submission if claiming the Alaska Bidder Preference. RFP Section 6.02.</li></ul>	<input type="checkbox"/> YES

**6. OFFEROR REFERENCES:** Offerors must submit client reference forms for three previous clients on similar projects with their proposal per Section 4.06 of the RFP document.

#	COMPANY NAME	POINT OF CONTACT	PHONE NUMBER	CLIENT REFERENCE FORM INCLUDED
1				<input type="checkbox"/> YES <input type="checkbox"/> NO
2				<input type="checkbox"/> YES <input type="checkbox"/> NO
3				<input type="checkbox"/> YES <input type="checkbox"/> NO

**PROPOSAL SIGNATURE:** All responses must be signed by a duly constituted official legally authorized to bind the Offeror to its response, including the cost proposal.

**Signed:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_