

## Alaska Statewide Mentor Project Call for Mentors

## Application Cover Sheet

**SECTION 1. APPLICATION INFORMATION**

Proposals must confirm that the applicant will comply with all provisions in this CFA; and, if applicable, provide notice that the firm qualifies as an Alaskan bidder. Proposals must be signed by a company officer empowered to bind the company. An applicant's failure to include these items in their application may cause their proposal to be determined to be non-responsive and the application may be rejected. This form shall be the cover page for the application. In the space provided, enter the requested applicant identification information. Use this form to indicate your acknowledgement of the response conditions.

**SECTION 2. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alaska Business License Number: \_\_\_\_\_

**SECTION 3. APPLICANT 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.

#	Condition/Certification	Response
1	Applicant certifies that 100% of all services provided under the resulting contract by the applicant, joint venture partners, and all subcontractors shall be performed in the United States. (CFA §1.05)	<input type="checkbox"/> YES
2	Applicant complies with the laws of the State of Alaska. (CFA §1.17)	<input type="checkbox"/> YES
3	Applicant complies with the applicable portion of the Federal Civil Rights Act of 1964. (CFA §1.17)	<input type="checkbox"/> YES
4	Applicant complies with the Equal Employment Opportunity Act and the regulations issued thereunder by the federal government. (CFA §1.17)	<input type="checkbox"/> YES
5	Applicant complies with the American with Disabilities Act of 1990 and the regulations issued thereunder by the federal government. (CFA §1.17)	<input type="checkbox"/> YES

6	Applicant confirms that programs, services, and activities provided to the general public under the resulting contract conform to the Americans with Disabilities Act of 1990, and the regulations issued thereunder by the federal government. (CFA §1.17)	<input type="checkbox"/> YES
7	Applicant complies with all terms and conditions set out in this CFA. (CFA §1.17)	<input type="checkbox"/> YES
8	Applicant affirms that this response was independently arrived at, without collusion, under penalty of perjury. (CFA §1.17)	<input type="checkbox"/> YES
9	Applicant response and cost schedule shall be valid and binding for 90 days following the response due date. (CFA §1.17)	<input type="checkbox"/> YES
10	Applicant acknowledges that this engagement with the state is subject to the Alaska Public Records Act, AS Title 40, Chapter 25 and that the state may be required to disclose certain information in response to requests for public information made under the Act. (CFA §1.14)	<input type="checkbox"/> YES
11	Applicant certifies that applicant has a valid Alaska business license. (CFA §2.12)	<input type="checkbox"/> YES
12	Applicant has reviewed the CFA for defects and objectionable material and has provided comments to the procurement officer. (CFA §1.08)	<input type="checkbox"/> YES
13	Applicant agrees to the state's Standard Agreement Form. If the answer is NO, per Section 3.03, any objections to the agreements must be identified in a document attached to the applicant's proposal. (CFA §3.03)	<input type="checkbox"/> YES <input type="checkbox"/> NO
14	Applicant agrees to not restrict the rights of the state. (CFA §1.12)	<input type="checkbox"/> YES
15	Applicant understands and agrees to comply with all statutes, regulations, and policies regarding nondisclosure and confidentiality. (CFA §3.16)	<input type="checkbox"/> YES

#### SECTION 4. CONFLICT OF INTEREST STATEMENT

One of the boxes below must be checked (by marking an "X"). If the second box is marked, indicating a possible conflict of interest, disclose the nature and full details of the conflict in the space provided. Please refer to CFA §1.18 for conflict of interest guidelines.

<input type="checkbox"/>	Neither the firm nor any individual proposed (including subcontractors or joint venture partners) has a possible conflict of interest.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	The firm and/or an individual proposed have a possible conflict of interest. <b>Describe the nature of the conflict in the space below.</b>	<input type="checkbox"/> YES

#### SECTION 5. LOCATION OF WORK

Certify the following Statements by marking "X" in the space provided. Please refer to CFA §1.05 for guidelines. By signature on their proposal, the applicant certifies that:

<input type="checkbox"/>	The applicant is not established and headquartered or incorporated and headquartered in a country recognized as Tier 3 in the most recent United States Department of State's Trafficking in Persons Report.	<input type="checkbox"/> YES  <input type="checkbox"/> NO
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The most recent United States Department of State's Trafficking in Persons Report can be found at the following website: <http://www.state.gov/g/tip/>. Failure to comply with this requirement will cause the state to reject the proposal as nonresponsive, or cancel the contract.

#### SECTION 6. APPLICATION CERTIFICATION

By signature on this page, the applicant hereby certifies that all information provided is true and serves to bind the applicant to the provisions of the CFA.

Signature	Date
Title	

#### SECTION 7. ATTACH THE FOLLOWING DOCUMENTS TO THIS COVER SHEET

- ☐ Cover Letter (See CFA §5.02)
- ☐ Current curriculum vitae or resume (See CFA §5.03)
- ☐ Professional Letters of Reference (See CFA §5.04)
- ☐ Reference Contact Information (See CFA §5.05)
- ☐ Answers to Questions (See CFA §5.06)
- ☐ Applicant Certification Regarding Federal Debarment, Suspension, Ineligibility and Voluntary Exclusion (Attachment 4 to CFA 2014-0500-1849)
- ☐ Copies of your current Alaska Teaching Certificates you hold:
  - 1) Professional Teacher
  - 2) Master Teacher
  - 3) Administrative-Type B
  - 4) Special Services-Type C

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