

APPENDIX A: RESPONDENT QUESTIONNAIRE

1. COMPANY AND CONTACT INFORMATION:

COMPANY NAME: _____

TELEPHONE #: _____

ADDRESS: _____

FEIN: _____

CONTACT PERSON FOR PROPOSAL: _____

☐ Corporation

☐ Partnership

☐ Sole Proprietor

E-MAIL ADDRESS*: _____

ALTERNATE EMAIL CONTACT*: _____

**The District may attempt to contact Respondent via email. Please provide additional email contact information if available.*

2. List and explain any possible conflicts of interest below. Conflicts of interest may include, but not be limited to: (1) financial interest with any official, employee or other representative of the District by the Firm or its Principal(s); (2) financial interest in real property, sources of income or investment that would be affected in any manner of degree by the performance of Firm's services. **If NO conflict exists, write NONE below.**

(Please attach additional pages if necessary)

3. Has the Firm been a party to any litigation, bankruptcy, or reorganization for any reason?

☐ YES ☐ NO

If YES, provide dates and resolution: _____

4. Has the Firm, or any officer or employee of the company who has a proprietary interest in the company, ever been disqualified, removed, or otherwise prevented from proposing on, or completing a federal, state, or local government project because of a violation of law or safety regulation?

☐ YES ☐ NO

If YES, explain the circumstances: _____

5. Provide a minimum of three (3) references with a brief description of successful scope completion within the last five (5) years. Scope of referenced contracts shall be directly related to the scope described in this RFP. A minimum of two (2) of these references with experience must be representative of a public agency. *(Please attach additional pages if necessary)*

(1) Contract Description: _____

Reference Company Name: _____ Contract Amount: \$ _____

Contact Name: _____ Contact Email: _____

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(2) Contract Description: _____

Reference Company Name: _____ Contract Amount: \$ _____

Contact Name: _____ Contact Email: _____

(3) Contract Description: _____

Reference Company Name: _____ Contract Amount: \$ _____

Contact Name: _____ Contact Email: _____

6. **TWIC.** By selecting YES below, Respondent verifies that **staff and subconsultants possess valid TWIC (Transportation Worker Identification Credential) to provide services to the District's TWIC-restricted areas?** ☐ YES **Attach photocopies of valid TWIC for applicable contractor staff and subconsultants.**

7. **SUBCONSULTANTS.** Does the Respondent intend to utilize any subconsultants or subcontractors to deliver the services described herein?

☐ YES ☐ NO

If yes, please include the subconsultant name, scope, and rates in your proposal submittal.

8. **SIGNATURE.** This Appendix A, Respondent Questionnaire, has been signed by a signatory with the authority to bind the Firm. By signing this document, through the undersigned representative who has the authority to bind the Firm, and by submitting this proposal in response to this solicitation, the Firm agrees to the following:

- a. To be bound by this proposal for a minimum of 90 days from the date proposals were due.
- b. All addenda have been received and acknowledged by the Firm for this solicitation.

SIGNED BY:

x _____
Signature

Printed Name

Title

Date