APPENDIX A: Respondent Questionnaire

1. COMPANY AND CONTACT INFORMATION:

COMPANY NAME: _____ TELEPHONE #: _____

ADDRESS: _____ FEIN: _____

_____

☐ Corporation
☐ Partnership
☐ Sole Proprietor

CONTACT PERSON FOR PROPOSAL: _____

E-MAIL ADDRESS*: _____

ALTERNATE EMAIL CONTACT*: _____

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

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 <u>minimum of three</u> (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 <u>minimum of two</u> (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:**_____

(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. Does Consultant employ **staff that possess a valid TWIC (Transportation Worker Identification Credential) eligible to provide services to the District's TWIC-restricted areas?** ☐ **YES** ☐ **NO***

If YES, please attach photocopies of valid TWIC for applicable contractor staff.

***If NO, please note the possession of a TWIC is an optional requirement to respond to this solicitation, though TWIC will be required for the selected service provider and sub consultants. Transportation Worker Identification Credential (TWIC) is required by the Department of Homeland Security (DHS) for certain restricted sites within the District.

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