**ATTACHMENT A**

**VENDOR PROPOSAL FORM**

**INSTRUCTIONS:** Proposers must complete and submit this Vendor Proposal Form with their application signed and dated by the Project Director and the firm’s Authorizing Official.

|  |
| --- |
| **Bidder/Proposer’s Legal Entity Name:** |
| **Business Name, if different from above:** |
| **Employer Identification Number:** |
| **Principal Place of Business:** |
| **Authorizing Official** |
| **Name:** | **Title:** |
| **Email:** | **Phone Number:** |
| **Project Director** |
| **Name:** | **Title:** |
| **Mailing Address:** |
| **E-mail:** | **Phone Number:** |
| **Certifications** |
| As Project Director, I certify that all information provided in this application is correct and accurate to the best of my knowledge.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Project Director DateAs the Authorizing Official for the entity submitting this application, I am supportive of this application and commit my organization to fully engaging in the work plan provided in this application.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Authorizing Official Date |

**ATTACHMENT B**

**APPLICANT ELIGIBILITY QUESTIONNAIRE**

**INSTRUCTIONS:** Proposers must respond to each of the sections below. Failure to submit a response, or selection of the response “No”, may disqualify the Proposer from further consideration.

Part I:

|  |
| --- |
| **MANDATORY MINIMUM REQUIREMENTS OF RFP** |
| [ ]  | A. | Have a minimum five (5) years of experience with surveillance systems, REDCap (Research Electronic Data Capture), Reporting Central and quality management services similar in size and scope to this RFP |
| [ ]  | B. | Be available to provide services within the New York City area (a New York City office is preferred) and for all aspects of service required herein. |
| [ ]  | C. | Confirm that, if awarded, it will agree to enroll as a City of New York approved vendor. |

Part II:

|  |
| --- |
| **PREFERRED EXPERIENCE** |
| [ ]  | A. | Experience with ETQ Reliance (ETQ On-call) |
| [ ]  | B. | Experience with Maven Disease Surveillance System |

Part III:

|  |
| --- |
| **APPLICANT STATUS** |
| [ ]  Yes  | [ ]  No | Is the Proposer a Minority and Women Business Enterprise (M/WBE)? |

Part IV:

|  |
| --- |
| **PROPOSER’S CERTIFICATION** |
| By my signature below, I certify that I am an authorized representative of the proposer named below, and that all information provided above is true and complete to the best of my knowledge.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Authorizing Official Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bidder/Proposer (Name of Firm) |

**ATTACHMENT C**

**REFERENCE FORM**

**INSTRUCTIONS:** Proposers must provide the names and contact information for two (2) references. The reference must have first-hand knowledge of the Proposer’s ability to perform the services required and can validate they have met the minimum requirements outlined in Section 1.B of the RFP.

|  |  |  |
| --- | --- | --- |
| 1. | Reference Company Name |  |
| Contact Person |  |
| Title |  |
| Phone |  |
| Email |  |
| Scope of engagement |  |
| Term of engagement |  |
| 2. | Reference Company Name |  |
| Contact Person |  |
| Title |  |
| Phone |  |
| Email |  |
| Scope of engagement |  |
| Term of engagement |  |
| 3. | Reference Company Name |  |
| Contact Person |  |
| Title |  |
| Phone |  |
| Email |  |
| Scope of engagement |  |
|  | Term of engagement |  |
| 4. | Reference Company Name |  |
| Contact Person |  |
| Title |  |
| Phone |  |
| Email |  |
| Scope of engagement |  |
|  | Term of engagement |  |

## **ATTACHMENT D**

## **PRICE PROPOSAL FORM INSTRUCTIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Item #** | **Title / Description** | **A** | **B** | **Extension Total ($)****(A x B)** |
| **Quantity for Evaluation Purposes (Hours)** | **Proposed Not-To-Exceed Hourly Rate ($)** |
| **Labor Rates for Staff\*** |
| 1 |  |   | $  | $  |
| 2 |  |  | $  | $  |
| 3 |  |  | $  | $  |
| 4 |  |  | $  | $  |
| 5 |  |  | $  | $  |
| Subtotal: Labor Rates |  |
|   |
| **Software/Tools/****Supplies**(list each separately) | **Title / Description** | **Quantity for Evaluation Purposes** | **Estimated Cost Per Unit**  | **Extension Total (A x B)** |
|
| 6 |   |   | $  | $  |
| 7 |  |  | $  | $  |
| 8 |  |  | $  | $  |
| 9 |  |  | $  | $  |
| 10 |  |  | $ | $ |
|   |
| **Subcontractors**(list each separately) | **Title / Description** | **Estimated Subcontract Value for Evaluation Purposes ($)** | **Percent** **Mark-up (%)** | **Extension Total (A x (1+B))** |
|
| 11 |  | $ |  | $ |
| 12 |  | $ |  | $ |
| 13 |  | $ |  | $ |
| 14 |  | $ |  | $ |
| 15 |  | $ |  | $ |
| Subtotal: Other Expenses (Software/Tools/Supplies + Subcontractors) |  |
| **TOTAL (Labor Rates + Other Expenses)** |  |
| \*Note: For any unit item title rate listed above for which subcontracting is required, the Proposer will indicate the applicable rate in the appropriate unit item as well as include the applicable mark-up in unit item 10. The Proposer shall identify separately any unit item title rate that is to be subcontracted. |