

## SECTION E: ATTACHMENTS

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# ATTACHMENT A - REFERENCES

Company Name	
Contact Person	
Address	
Phone	
Fax Number	
Email / website	
Description of service provided	

Company Name	
Contact Person	
Address	
Phone	
Fax Number	
Email / website	
Description of service provided	

Company Name	
Contact Person	
Address	
Phone	
Fax Number	
Email / website	
Description of service provided	

# **ATTACHMENT B - PUBLIC DISCLOSURE**

Firm Name: \_\_\_\_\_

I hereby certify that I understand:

- SJCISD employees shall not receive unlawful compensation, commission or personal profit in the course of performing SJCISD duties.
- SJCISD positions may not be used for unlawful purposes or personal gain.
- I further certify that I have listed all personal relationships and financial interests between the company, company officers, and key employees with current and former St. Joseph County Intermediate School District board or staff members and current and former St. Joseph County Intermediate School District authorizing officials. Please complete the form below. Additional sheets may be attached if necessary. Write in N/A if non-applicable.

<b>Company/Employee</b>	<b>Position</b>	<b>Date of Hire</b>	<b>District Official / Board Member</b>	<b>Relationship / Interest</b>

I hereby acknowledge that failure to disclose all facts relative to a conflict or potential conflict of interest with regard to my contract/agreement with SJCISD may result in termination of said contract/agreement.

Signature: \_\_\_\_\_  
Authorized Firm Representative

Title: \_\_\_\_\_ Date: \_\_\_\_\_

# **ATTACHMENT C - CONTACT INFORMATION**

Firm Name: \_\_\_\_\_

Contract Point-of-Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## **EXCEPTIONS TO THE TERMS, CONDITIONS AND SPECIFICATIONS**

Exceptions to the Terms, Conditions and Specifications of this RFP must be noted in the space provided. Failure to note said exceptions shall be interpreted to convey that Bidder shall propose to perform in the manner described and/or specified. If more space is required, please attach additional sheet(s) referencing RFP title and number. This form must be signed whether or not there are exceptions noted.

\_\_\_\_\_  
\_\_\_\_\_

## **PROPOSAL SIGNATURE**

By signing this Proposal, I acknowledge the following:

- I am an authorized agent for Bidder.
- Bidder has read, understands and agrees to the terms and conditions in this RFP and accompanying documents.
- Bidder intends to supply the materials and/or services specified herein.
- Bidder shall provide, execute, and maintain insurance policies as specified herein.
- Bidder shall comply with all federal, state, city, local, county, St. Joseph School Intermediate School District statutes, other regulations and requirements.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# **ATTACHMENT D - FAMILIAL DISCLOSURE AFFIDAVIT**

The undersigned, the owner or authorized officer of \_\_\_\_\_ (the "Respondent"), pursuant to the familial disclosure requirements provided in the St. Joseph County Intermediate School District (the "School District") Request for Proposals, hereby represents and warrants that, except as provided below, no familial relationships exist between the owner or any employee of the Respondent, and any member of the Board of Education of the School District or the Superintendent of the School District or Districts within the purview of the St. Joseph County Intermediate School District or County Public Libraries, Librarians or Public Libraries Boards.

## **List any Familial Relationships:**

### **RESPONDENT:**

\_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

STATE OF MICHIGAN     )  
  ) ss.  
COUNT OF \_\_\_\_\_ )

This instrument was acknowledged before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by

\_\_\_\_\_.

\_\_\_\_\_, Notary Public

\_\_\_\_\_ County, Michigan

My Commission Expires: \_\_\_\_\_

Acting in the County of: \_\_\_\_\_

# **ATTACHMENT E - DEBARMENT AND SUSPENSION CERTIFICATION**

Respondent certifies, by submission of this proposal, that neither it nor its principals, its subcontractors nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the E-Rate Program:

Yes

No

If Respondent checked "No", the RFP response will be deemed non-responsive and ineligible for award.

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

# **ATTACHMENT F - IRAN ECONOMIC SANCTIONS ACT** **FORM**

## **AFFIDAVIT OF COMPLIANCE – IRAN ECONOMIC SANCTIONS ACT** **Michigan Public Act No. 517 of 2012**

The undersigned, the owner or authorized officer of \_\_\_\_\_ (the "Respondent"), pursuant to the compliance certification requirements provided in the SJC Schools Wide Area Network hereby certifies, represents and warrants that the Respondent (including its officers, directors and employees) is not an "Iran Linked Business" within the meaning of the Iran Economic Sanctions Act, Michigan Public Act No. 517 of 2012 (the "Act"), and that in the event that the Respondent is awarded a Contract as a result of the aforementioned RFP, the Respondent will not become an "Iran Linked Business" at any time during the course of performing under the Contract.

The Respondent further acknowledges that any person who is found to have submitted a false certification is responsible for a civil penalty of not more than \$250,000.00 or 2 times the amount of the Contract or proposed Contract for which the false certification was made, whichever is greater, and the cost of the Applicant's investigation, and reasonable attorney fees. Moreover, any person who submitted a false certification shall be ineligible to bid on any of the Applicants RFP for three (3) years from the date it is determined that the person has submitted the false certification.

### **RESPONDENT:**

Name of Respondent \_\_\_\_\_

By: \_\_\_\_\_ Its: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 )ss.  
COUNTY OF \_\_\_\_\_ )

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_,  
\_\_\_\_\_, Notary Public

\_\_\_\_\_ County, \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Acting in the County of : \_\_\_\_\_

# **ATTACHMENT G - FCC REGISTRATION NUMBER FORM**

Service Provider's FCC Registration Number (FRN) is as follows: \_\_\_\_\_

Check here to confirm you have has provided its FCC Registration Number:

Yes

No

If "No" is checked, the RFP response may at the Applicant's sole discretion be deemed non-responsive and ineligible for award





# **ATTACHMENT I - USAC ISSUED 498 ID FORM**

1. Provide in the following space the USAC issued 489 ID Number that the Respondent will be using to provide the services subject of this RFP : \_\_\_\_\_

2. Indicate the entity name associated with this USAC issued 489 ID Number (if uncertain, this information can be found at [http://www.sl.universalservice.org/Forms/SPIN Contact Search.asp](http://www.sl.universalservice.org/Forms/SPIN>Contact_Search.asp)):

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3. Provide the documentation from the USAC website proving that the entity name associated with this USAC issued 489 ID Number is consistent with your response in Number 2 above. Check "Yes" if the documentation is provided in this Tab:

Yes

No

If "No" is checked, the RFP response may at the Applicant's sole discretion be deemed non-responsive and ineligible for award.

4. If the name of the Respondent responding to this RFP does not precisely correspond to the name of the entity associated with the USAC issued 489 ID Number provided in number 1 and documented in number 3 above, an explanation must be provided as to the relationship that exists between the Respondent responding to this RFP and the entity associated with the USAC issued 489 ID Number that allows the Respondent responding to the RFP to provide the services under the USAC issued 489 ID Number provided. Please attach if applicable.

5. Check "Yes" to confirm that any contract resulting from this RFP will be in the name of the entity associated with the USAC issued 489 ID Number, or the name of the entity associated with the USAC issued 489 ID Number d/b/a name of Respondent responding to the RFP.

Yes

No

If "No" is checked, the RFP response may at the Applicant's sole discretion be deemed non-responsive and ineligible for award.

# **ATTACHMENT J - E-RATE PROGRAM INTEGRITY ASSURANCE (PIA) REVIEW**

## E-rate Program Integrity Assurance (PIA) Review

1. If their solution is chosen, respondents are required to promptly provide Applicant with any information being requested as part of PIA review:

Yes

No

2. Respondent may assist Applicant with preparing funding requests or responding to PIA questions and may speak directly with PIA reviewers:

Yes

No

3. For all responses that include special construction, the respondent agrees to, by submitting its bid, produce all construction labor, construction materials and other cost information requested during PIA review:

Yes

No

**All responses must agree, in writing, to this section with a yes or no answer.  
Answering no or failure to answer at all is grounds for disqualification.**