SUBMITTAL FORM A
Offeror Information

PROJECT INFORMATION

RFP NUMBER: 250000005

PROJECT NAME: NEEDS ASSESSMENT/ACTION RECOVERY PLAN FOR TYPHOON VICTIMS

OFFEROR INFORMATION

Company Name: _____

Address: _____

CONTACT INFORMATION

Provide contact information for the individual that can be contacted for clarification regarding this response:

Name _____

Title _____

Address _____

Email _____

Telephone _____

CRITICAL TEAM MEMBERS

Provide the names of all critical team members that will be assigned to this contract. Note: These individuals cannot be removed or replaced from this project, or their positions, unless approved in writing the project director or procurement officer. A Lead Service Manager is required. Resumes for all critical members must be submitted as part of Submittal Form B. Insert additional rows as necessary.

NAME	TITLE	ROLE	LOCATION
		Lead Service Manager	

ADDENDA ACKNOWLEDGEMENT

The offeror acknowledges receipt of the following amendments and has incorporated the requirements of such amendments into their proposal. Failure to identify and sign for all amendments may subject the offeror to disqualification. The offeror must list all amendments (by number), then initial and date to confirm that you have received and incorporated them into your proposal (add more rows as necessary).

Number	Initials & Date

Number	Initials & Date

Number	Initials & Date

CERTIFICATIONS

No	Criteria	Response*
1	The offeror is presently engaged in the business of providing the services & work required in this RFP.	True | False
2	The offeror confirms that it has the financial strength to perform and maintain the services required under this RFP.	True | False
3	The offeror accepts the terms and conditions set out in the RFP and agrees not to restrict the rights of the state.	True | False
4	The offeror confirms that they can obtain and maintain all necessary insurance as required on this project.	True | False
5	The offeror certifies that all services provided under this contract by the contractor and all subcontractors shall be performed in the United States.	True | False
6	The offeror 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.	True | False
7	Offeror complies with the American with Disabilities Act of 1990 and the regulations issued thereunder by the federal government.	True | False
9	Offeror complies with the Equal Employment Opportunity Act and the regulations issued thereunder by the federal government.	True | False
10	Offeror complies with the applicable portion of the Federal Civil Rights Act of 1964.	True | False
11	The offeror can provide (if requested) financial records for the organization for the past three years.	True | False
12	The offeror has not had any contracts terminated by the State of Alaska (within the past five years).	True | False
13	The offeror certifies that it is not currently debarred, suspended, proposed for debarment, or declared ineligible for award by any public or federal entity.	True | False
14	The offeror certifies that they will not support or participate in a boycott of Israel. Failure to comply with this requirement may cause the state to reject the proposal as non-responsive or cancel the contract.	True | False
15	The offeror certifies that they do not have any governmental or regulatory action against their organization that might have a bearing on their ability to provide services to the state.	True | False
16	The offeror certifies, within the last five years, they have not been convicted or had judgment rendered against them for: fraud, embezzlement, theft, forgery, bribery, falsification or destruction of records, false statements, or tax evasion.	True | False
17	The offeror does not have any judgments, claims, arbitrations or suits pending/outstanding against your company in which an adverse outcome would be material to the company.	True | False
18	The offeror is not (now or in the past) been involved in bankruptcy or reorganized proceeding.	True | False
19	Offeror certifies they comply with the laws of the State of Alaska.	True | False

** Failure to answer or answering "False" may be grounds for disqualification. For any "False" responses, provide clarification (up to 250 word maximum for each "False" clarification) below* **(add rows as necessary)**.

Section	Clarification

REQUIRED EXPERIENCE

Provide information about how the Prior Experience in §1.04 is met.

Requirements for the Firm	How Met
1. At least five years' project management experience.	
2. Project Management Professional Certification is desired but not required.	
3. American Institute of Certified Planner Certification is desired but not required.	
4. At least five years' planning experience in rural communities.	
5. Prior experience in community outreach and engagement related to natural hazard impacts.	
6. Three years of experience developing and conducting community surveys, interviews, and public hearings and analyzing qualitative and quantitative data.	
7. Three years of experience developing strategic plans, including action or implementation plans.	
8. Three years of experience working on Federal grants including reporting requirements, understanding deduplication of benefits, and adherence to fraud, waste, and abuse protocol.	
9. Three years of experience coordinating and facilitating large meetings, soliciting involvement by community leaderships and multiple agencies.	
10. Experience contracting with recipients of HUD disaster recovery grants.	

CONFLICT OF INTEREST STATEMENT

Indicate below whether or not the firm or any individuals that will work on the contract has a possible conflict of interest (e.g., currently employed by the State of Alaska or formerly employed by the State of Alaska within the past two years) and, if so, the nature of that conflict.

Does the offeror, or any individuals that will work on this contract, have a possible conflict of interest? ** Failure to answer may be grounds for disqualification.*	□ Yes □ No

If "Yes", please provide additional information regarding the nature of that conflict:

SIGNATURE

This response **must** be signed by a company officer empowered to answer for the company.

Printed Name _____

Title _____

Date _____

Signature _____

ALASKA BIDDER PREFERENCE CERTIFICATION
AS 36.30.321(A) / AS 36.30.990(2)

BUSINESS NAME: Click or tap here to enter text.

Alaska Bidder Preference: Do you believe that your firm qualifies for the Alaska Bidder Preference?	☐ Yes ☐ No
Alaska Veteran Preference: Do you believe that your firm qualifies for the Alaska Veteran Preference?	☐ Yes ☐ No
Please list any additional Alaska Preferences below that you believe your firm qualifies for.	
1. **2.** **3.** **4.** **5.** **6.**	

To qualify for and claim the Alaska Bidder Preference you must answer **YES** to all questions below in the Alaska Bidder Preference Questions section. To qualify for and claim the Alaska Veteran Preference, you must answer **YES** to these questions as well as answer **YES** to all the questions in the Alaska Veteran Preference section. A signed copy of this form must be included with your bid or proposal no later than the deadline set for receipt of bids or proposals.

If you are submitting a bid or proposal as a **JOINT VENTURE**, all members of the joint venture must complete and submit this form before the deadline set for receipt of bids or proposals. *AS 36.30.990(2)(E)*

If the procuring agency is unable to verify a response, the preference may not be applied. Knowingly or intentionally making false or misleading statements on this form, whether it succeeds in deceiving or misleading, constitutes misrepresentation per *AS 36.30.687* and may result in criminal penalties.

Alaska Bidder Preference Questions:

1) Does your business hold a current Alaska business license per AS 36.30.990(2)(A)?

☐ **YES** ☐ **NO**

If **YES**, enter your current **Alaska business license number**: Click or tap here to enter text.

2) Is your business submitting a bid or proposal under the name appearing on the Alaska business license noted in **Question 1** per *AS 36.30.990(2)(B)*?

☐ **YES** ☐ **NO**

3) Has your business maintained a **place of business** within the state **staffed by the bidder or offeror** or an employee of the bidder or offeror for a period of six months immediately preceding the date of the bid or proposal per *AS 36.30.990(2)(C)*?

☐ **YES** ☐ **NO**

If **YES**, please complete the following information:

A. **Place of Business**

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text.

ZIP: Click or tap here to enter text.

"**Place of business**" is defined as a location at which normal business activities are conducted, services are rendered, or goods are made, stored, or processed; a post office box, mail drop, telephone, or answering service does not, by itself, constitute a place of business per *2 AAC 12.990(b)(3)*.

Do you certify that the **Place of Business** described in **Question 3A** meets this definition?

☐ **YES** ☐ **NO**

B. The bidder or offeror, or at least one employee of the bidder or offeror, must be a resident of the state under *AS 16.05.415(a)* per *2 AAC 12.990(b)(7)*.

1) Do you certify that the bidder or offeror OR at least one employee of the bidder or offeror is physically present in the state with the intent to remain in Alaska indefinitely and to make a home in the state per *AS 16.05.415(a)(1)*?
☐ **YES** ☐ **NO**

2) Do you certify that that the resident(s) used to meet this requirement has maintained their domicile in Alaska for the 12 consecutive months immediately preceding the deadline set for receipt of bids or proposals per *AS 16.05.415(a)(2)*?
☐ **YES** ☐ **NO**

3) Do you certify that the resident(s) used to meet this requirement is claiming residency ONLY in the state of Alaska per *AS 16.05.415(a)(3)*?
☐ **YES** ☐ **NO**

4) Do you certify that the resident(s) used to meet this requirement is NOT obtaining benefits under a claim of residency in another state, territory, or country per *AS 16.05.415(a)(4)*?
☐ **YES** ☐ **NO**

4) Per *AS 36.30.990(2)(D)*, is your business (**CHOOSE ONE**):

A. **Incorporated** or **qualified to do business under the laws of the state**?
☐ **YES** ☐ **NO**

If **YES**, enter your current **Alaska corporate entity number**: Click or tap here to enter text.

B. A **sole proprietorship** AND the proprietor is a resident of the state?
☐ **YES** ☐ **NO**

C. A **limited liability company** organized under AS 10.50 **AND** all members are residents of the state?
☐ **YES** ☐ **NO**

Please identify each member by name: Click or tap here to enter text.

D. A **partnership** under former AS 32.05, AS 32.06, or AS 32.11 **AND** all partners are residents of the state?
☐ **YES** ☐ **NO**

Please identify each member by name: Click or tap here to enter text.

Alaska Veteran Preference Questions:

1) Per *AS 36.30.321(F)*, is your business (**CHOOSE ONE**):

A. A **sole proprietorship** owned by an Alaska veteran?
☐ **YES** ☐ **NO**

B. A **partnership** under AS 32.06 or AS 32.11 **AND** a majority of the partners are Alaska veterans?
☐ **YES** ☐ **NO**

C. A **limited liability company** organized under AS 10.50 **AND** a majority of the members are Alaska veterans?

☐ **YES** ☐ **NO**

D. A **corporation** that is wholly owned by individuals, **AND** a majority of the individuals are Alaska veterans?

☐ **YES** ☐ **NO**

Per *AS 36.30.321(F)(3)* "**Alaska veteran**" is defined as an individual who:

(A) Served in the

(i) Armed forces of the United States, including a reserve unity of the United States armed forces; or

(ii) Alaska Territorial Guard, the Alaska Army National Guard, the Alaska Air Nations Guard, or the Alaska Naval Militia; and

(B) Was separated from service under a condition that was not dishonorable.

Do you certify that the individual(s) indicated in **Question 1A, 1B, 1C, or 1D** meet this definition and can provide documentation of their service and discharge if necessary?

☐ **YES** ☐ **NO**

SIGNATURE

By signature below, I certify under penalty of law that I am an authorized representative of Click or tap here to enter text. and all information on this form is true and correct to the best of my knowledge.

Printed Name _____

Title _____

Date _____

Signature _____