ARLINGTON COUNTY, VIRGINIA REQUEST FOR PROPOSALS NO. 22-AED-RFP-639

PROPOSAL FORM

ELECTRONIC PROPOSALS WILL BE RECEIVED BY THE COUNTY VIA VENDOR REGISTRY NOT LATER THAN 1:00 P.M., APRIL 4, 2022.

FOR PROVIDING SMALL BUSINESS TECHNICAL ASSISTANCE SERVICES PER THE SOLICITATION.

THE FULL LEGAL NAME OF THE ENTITY SUBMITTING THIS PROPOSAL MUST BE WRITTEN IN THE SPACE BELOW. THIS PROPOSAL FORM AND ALL OTHER DOCUMENTS THAT REQUIRE A SIGNATURE MUST BE FULLY AND ACCURATELY COMPLETED AND SIGNED BY A PERSON WHO IS AUTHORIZED TO BIND THE OFFEROR, OR THE PROPOSAL MAY BE REJECTED.

SUBMITTED BY: (legal name of entity)			
AUTHORIZED SIGNATU	RE:		
PRINT NAME AND TITL	E:		
ADDRESS:			
CITY/STATE/ZIP:			
TELEPHONE NO.:	E-MAIL ADDRESS:		
THIS ENTITY IS INCORPIN:	ORATED		
THIS ENTITY IS A: (check the applicable	CORPORATION LIMITED PARTNERSHIP		
option)	GENERAL PARTNERSHIP UNINCORPORATED ASSOCIATION		
	LIMITED LIABILITY COMPANY SOLE PROPRIETORSHIP		
IS OFFEROR AUTHOR	VIRGINIA?		
IDENTIFICATION NO. I SCC:	SSUED TO THE ENTITY BY THE		

Any Offeror exempt from Virginia State Corporation Commission (SCC) authorization requirement must include a statement with its proposal explaining why it is not required to be so authorized.

PROPOSAL FORM, PAGE 2 OF 5

ENTITY'S DUN 8	k BRADST	REET D-U-N	N-S NUN	IBER: (if	available)					
HAS YOUR FIRE FROM SUBMIT VIRGINIA, OR A WITHIN THE PA	TTING P ANY OTH	ROPOSALS IER STATE	TO A	RLINGTO	N COUNT	Υ,	YES		NO	
OFFEROR STATE	JS: MIN	IORITY OWI	NED:		WOMAN	OWNED:	: 🗖		NEITHER:	
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POTENTIAL OFF ALL SOLICITATION										S OF
 OFFEROR MUFIRST PAGE T INDICATE THAUTHORITAT 	HIS PROP	OSAL FORM	Л. NTACT	INFORM	ATION OF	THE PE				
NAME (PRINTED)	:				1	TITLE: _				
E-MAIL ADDRESS	:				1	TEL. NO.:				
TRADE SECRETS OF Trade secrets or transaction will Pursuant to Secti protect submitte materials, identif	proprieta not be su on 4-111 d data o	ary informa ubject to p of the Arlin r materials	ation sul public di gton Co from di	bmitted sclosure unty Puro sclosure	under the chasing Res must, before	Virginia solution, h ore or up	Freedo howeve oon sub	om of er, an (omissio	Information Offeror seek on of the d	n Act. ling to ata or
Please m	ark one:									
•	e proposa nation.	al that I hav	re submi	tted doe	s <u>not</u> conta	in any tra	ade sec	crets a	nd/or propr	etary
	the propo nation.	osal that I	have s	ubmitted	d <u>does</u> con	tain trac	de secr	ets a	nd/or propr	etary

PROPOSAL FORM, PAGE 3 OF 5 If Yes, you must clearly identify below the exact data or materials to be protected <u>and</u> lis all applicable page numbers, sections, and paragraphs, of the proposal that contain such data or materials:
State the specific reason(s) why protection is necessary and why the identified information constitutes a trade secret or is proprietary:
If you fail above to identify the data or materials to be protected or to state the reason(s) why protection is necessary, you will not have invoked the protection of Section 4-111 of the Purchasing Resolution Accordingly, upon the award of a contract, the proposal will be open for public inspection consistent with applicable law.
CERTIFICATION OF NON-COLLUSION: The undersigned certifies that this proposal is not the result of or affected by (1) any act of collusion with another person engaged in the same line of business or commerce (as defined in Virginia Code §§ 59.1-68.6 et seq.) or (2) any act of fraud punishable under the Virginia Governmental Frauds Act (Virginia Code §§ 18.2-498.1 et seq.).
CONTACT PERSON AND MAILING ADDRESS FOR DELIVERY OF NOTICES Provide the name and address of the person who is designated to receive notices and othe communications regarding this solicitation. Refer to the "Notices" section in the draft Contract Terms and Conditions for information regarding delivery of notices.
NAME:
ADDRESS:

E-MAIL:

ACKNOWLEDGEMENT OF COUNTY COVID-19 VACCINATION POLICY

Name of Offeror:	
Signed:	Date:
reasonable accommodation under state of redera	ii iaw.
reasonable accommodation under state or federa	al law
vaccinated against COVID-19, or being tested of	on a weekly basis, or are exempt pursuant to a valid
require that all contractor employees or subcon-	tractors who will be working on the contract are fully
certify that I will comply with the COVID-19 Vaccin	nation Policy as a condition of contract award which may
I,(Company Name, hereinafter referred to as "Offeror"),

CONFLICT OF INTEREST STATEMENT

I, whose name is subscribed below, a duly authorized representative and agent of the entity submitting this proposal to Arlington County in response to its Request for Proposal No. 22-AED-RFP-639, and on behalf of the Offeror certify that:

- 1. Neither the Offeror nor any affiliated entity has, within the past five years, been employed by or represented a deliverer of services that reasonably could be expected to be considered for purchase by the County as a result of this solicitation;
- 2. if the Offeror is awarded a contract under this solicitation and during the term of that contract prepares an invitation to bid or request for proposal for or on behalf of the County, the Offeror must not (i) submit a bid or proposal for that procurement or any portion thereof or (ii) disclose to any potential bidder or offeror information concerning the procurement that is not available to the public.
- 3. The Offeror will not solicit or accept any commissions or fees from vendors who ultimately furnish services to the County as a result of any contract award made as a result of this solicitation.

OFFEROR'S NAME:		,
SIGNED BY:		
PRINTED NAME/TITLE:		
DATE:		
	NOTARY STATEMENT	
COMMONWEALTH OF VIRGINIA/STATE O	F)	
CITY/COUNTY OF) to wit:	
	ed a Notary Public in and for th me (or satisfactorily proven) to an agent of the Offeror and	e State and County of aforesaid, o be the person whose name is acknowledged that he/she has
(Seal)		
Notary registration number:		

REVISED ATTACHMENT A

COST PROPOSAL

Hourly rate(s) shall be fully loaded fixed hourly rates to include all labor, markup, benefits, travel, overhead and profit and any incidentals to provide Technical Assistance Services as identified in the Scope of Work.

Description	Estimated Hours/Month	Number of Business assisting/month	Hourly Rate	Total Extended Cost (Est. Hrs. X # of Business/month X Hourly Rate)
Monthly Meeting with AED and/or BizLaunch Staff	1 hour	N/A		
Initial Monthly Assessments	1 hour per business	16 businesses		
Assisting businesses in financial management and sourcing capital	12 hours per business	2 businesses		
Assisting businesses in pivoting or adapting a business plan.	12 hours per business	4 businesses		
Assisting businesses in developing and adapting branding and marketing initiatives	12 hours per business	6 businesses		
Assisting businesses with creating or managing their digital presence	12 hours per business	3 businesses		
Promoting business knowledge and management of legal structures, documentation, and requirements	12 hours per business	1 business		
Collaborating with municipalities on educational programming tailored to the needs of the community's small businesses	Minimum of 4 programs per year	NA		
			Grand Total	