ARLINGTON COUNTY, VIRGINIA REQUEST FOR PROPOSALS NO. 23-DMF-RFP-421

PROPOSAL FORM

ELECTRONIC PROPOSALS WILL BE RECEIVED BY THE COUNTY VIA VENDOR REGISTRY NOT LATER THAN 1:00P.M., DECEMBER 2, 2022.

FOR PROVIDING INTERNAL AUDIT SERVICES PER THE SOLICITATION.

THE FULL <u>LEGAL NAME</u> 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	:	
ADDRESS:		
CITY/STATE/ZIP:		
TELEPHONE NO.:	E-MAIL ADDRESS:	
THIS ENTITY IS INCORPIN:	DRATED	
THIS ENTITY IS A: (check the applicable	CORPORATION LIMITED PARTNERSHIP	
option)	GENERAL PARTNERSHIP UNINCORPORATED ASSOCIATION	
	LIMITED LIABILITY COMPANY SOLE PROPRIETORSHIP	
COMMONWEALTH OF		<u> </u>

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 4

ENTITY'S DU	JN & BRADSTREET D-	U-N-S NU	MBER: (if availa	ble)				
ENJOINED, TO ARLINGT	FIRM OR ANY OF ITS FOR SUSPENDED FROFON COUNTY, VIRGIN UBDIVISION WITHIN	M SUBMI IA, OR AN	TTING PROPOS	ALS	YES		NO	
OFFEROR STATUS:	MINORITY OWNED:		WOMAN OWNED:		NEITHE	R:		
THE UNDERS	SIGNED UNDERSTAND	S AND AC	KNOWLEDGES 1	HE FO	LLOWING	ì:		
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	OFFERORS ARE RESPO ATION DOCUMENTS T							
	MUST SUBMIT: ONE GE THIS PROPOSAL FO		ONIC COMPLETE	SIGNE	ED PROPO	OSAL 1	THAT INCL	udes as its
	THE NAME AND TATIVELY TO QUESTION					SON	WHO CAN	N RESPOND
NAME (PRINT	ED):			TIT	ΓLE:			
E-MAIL ADDR	ESS:			TE	L. NO.: _			
Trade secrets transaction v Pursuant to S protect subm	TS OR PROPRIETARY Is or proprietary infor will not be subject to ection 4-111 of the Author data or materiatify the data or materiatify the data or materiatify the data or materiatics.	mation sublic definition Control Tington control Tingto	ubmitted by an lisclosure under punty Purchasin lisclosure must,	the \gReso	/irginia F lution, ho e or upo	reedo weve n subi	m of Infor r, an Offero mission of	mation Act. or seeking to the data or
Pleas	e mark one:							
	o, the proposal that I formation.	have subn	nitted does <u>not</u>	contair	n any trac	de seci	rets and/or	r proprietary
	es, the proposal that formation.	t I have	submitted <u>does</u>	conta	ain trade	secre	ets and/or	proprietary

PROPOSAL FORM, PAGE 3 OF 4 If Yes, you must clearly identify below the exact data or materials to be protected <u>and</u> list 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.
<u>CERTIFICATION OF NON-COLLUSION:</u> 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 <i>et seq.</i>) or (2) any act of fraud punishable under the Virginia Governmental Frauds Act (Virginia Code §§ 18.2-498.1 <i>et seq.</i>).
CONTACT PERSON AND MAILING ADDRESS FOR DELIVERY OF NOTICES Provide the name and address of the person who is designated to receive notices and other 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:

OFFEROR'S PRINTED NAME: _____

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. 23-DMF-RFP-421, 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.
- 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 OF)	
CITY/COUNTY OF) to wit:	
personally appeared by, 20 the undersigned a Notary Public in and for the, known to me (or satisfactorily proven) to subscribed to within the instrument as an agent of the Offeror and executed the same for the purposes therein contained.	to be the person whose name is acknowledged that he/she has
(Seal)	
Notary registration number: My commission expires:	

ATTACHMENT A COST PROPOSAL

Hourly Rates for all personnel, to include subcontractors, assigned to this contract shall include overhead and profit.

Job Position/Title Classification	Direct Hourly Rates	Overhead and Profit Rates	Fully Burden Hourly Rates (Including overhead and profits)