# ARLINGTON COUNTY, VIRGINIA REQUEST FOR PROPOSALS NO. 24-DES-RFP-483

# PROPOSAL FORM

# ELECTRONIC PROPOSALS WILL BE RECEIVED BY THE COUNTY VIA VENDOR REGISTRY NOT LATER THAN 1:00 P.M., FEBRUARY 2, 2024.

### FOR PROVIDING ENVIRONMENTAL LAND SURVEY 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:<br>(legal name of entity)    |  |            |                |              |         |         |  |
|--|--|------------|----------------|--------------|---------|---------|--|
| AUTHORIZED SIGNATU                         | RE:  |            |                |              |         |         |  |
| PRINT NAME AND TITLE                       | E:   |            |                |              |         |         |  |
| ADDRESS:                                   |  |            |                |              |         |         |  |
| CITY/STATE/ZIP:                            |  |            |                |              |         |         |  |
| TELEPHONE NO.:                             |  | E-N<br>ADI | IAIL<br>DRESS: |              |         |         |  |
| THIS ENTITY IS INCORPO                     | ORATED   |            |                |              |         |         |  |
| THIS ENTITY IS A:<br>(check the applicable | CORPOR   | ATION      |                | LIMIT        | ED PART | NERSHIP |  |
| option)                                    | GENERAL PARTNE   | RSHIP      |                | UNINCORPORAT | ED ASSO | CIATION |  |
|  | LIMITED LIABILITY COM                                      | 1PANY      |                | SOLE         | PROPRIE | TORSHIP |  |
| COMMONWEALTH OF                            | ED TO TRANSACT BUSIN<br>VIRGINIA?<br>SUED TO THE ENTITY BY |            | THE            | YES          |         | NO      |  |

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.

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ENTITY'S DUN & BRADSTREET D-U-N-S NUMBER: (if available)

| HAS YOUR FIRM OR ANY OF ITS PRINCIPALS BEEN DEBARRED,<br>ENJOINED, OR SUSPENDED FROM SUBMITTING PROPOSALS TO<br>ARLINGTON COUNTY, VIRGINIA, OR ANY OTHER STATE OR<br>POLITICAL SUBDIVISION WITHIN THE PAST THREE YEARS?  | YES      |         | NO        |       |
|--|----------|---------|-----------|-------|
| HAS YOUR FIRM DEFAULTED ON ANY PROJECT IN THE LAST THREE YEARS?  | YES      |         | NO        |       |
| HAS YOUR FIRM HAD ANY TYPE OF BUSINESS, CONTRACTING OR<br>TRADE LICENSE, REGISTRATION OR CERTIFICATION REVOKED OR<br>SUSPENDED IN THE PAST THREE YEARS?  | YES      |         | NO        |       |
| HAS YOUR FIRM AND ITS PRINCIPALS/OWNERS BEEN CONVICTED<br>OF ANY CRIME RELATING TO ITS CONTRACTING BUSINESS IN THE<br>PAST TEN YEARS?  | YES      |         | NO        |       |
| HAS YOUR FIRM BEEN FOUND IN VIOLATION OF ANY LAW<br>APPLICABLE TO ITS CONTRACTING BUSINESS (LICENSING LAWS,<br>TAX LAWS, WAGE AND HOUR LAWS, PREVAILING WAGE LAWS,<br>ENVIRONMENTAL) WHERE THE RESULT OF SUCH VIOLATION WAS<br>THE PAYMENT OF A FINE, BACK PAY DAMAGES, OR ANY OTHER<br>PENALTY IN THE AMOUNT OF \$5000 OR MORE? | YES      |         | NO        |       |
| OFFEROR STATUS: MINORITY OWNED: 🛛 WOMAN OWN  | NED: 🗖   | I       | NEITHER:  |       |
| THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES THE FOLLO   | WING:    |         |           |       |
| THE OFFICIAL COPY OF THE SOLICITATION DOCUMENTS, WHICH II ELECTRONIC COPY THAT IS AVAILABLE FROM THE <u>VENDOR REGISTRY</u>  |          | NY ADI  | DENDA, IS | THE   |
| POTENTIAL OFFERORS ARE RESPONSIBLE FOR DETERMINING THE AC<br>ALL SOLICITATION DOCUMENTS THEY RECEIVE FROM ANY SOURCE, I  |          |         |           | S OF  |
| 1. OFFEROR MUST SUBMIT: ONE ELECTRONIC COMPLETE SIGNED<br>FIRST PAGE THIS PROPOSAL FORM.   | PROPOSAL | THAT II | NCLUDES A | s its |
| 2. INDICATE THE NAME AND CONTACT INFORMATION OF THE<br>AUTHORITATIVELY TO QUESTIONS REGARDING THIS PROPOSAL.   | PERSON   | WHO     | CAN RESP  | POND  |

| NAME (PRINTED): | TITLE:    |  |
|-----------------|-----------|--|
|                 |           |  |
| E-MAIL ADDRESS: | TEL. NO.: |  |

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## TRADE SECRETS OR PROPRIETARY INFORMATION:

Trade secrets or proprietary information submitted by an Offeror in connection with a procurement transaction will not be subject to public disclosure under the Virginia Freedom of Information Act. Pursuant to Section 4-112 of the Arlington County Purchasing Resolution, however, an Offeror seeking to protect submitted data or materials from disclosure must, before or upon submission of the data or materials, identify the specific data or materials to be protected and state the reasons why protection is necessary. Please note that designation of an entire bid, proposal, or prequalification application or of line-item prices or the total bid amount is prohibited.

Please mark one:

- □ No, the proposal that I have submitted does <u>not</u> contain any trade secrets and/or proprietary information.
- □ Yes, the proposal that I have submitted <u>does</u> contain trade secrets and/or proprietary information.

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.

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<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 *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 other communications regarding this solicitation. Refer to the "Notices" section in the draft Contract Terms and Conditions for information regarding delivery of notices.

| NAME:    | <br> |
|----------|------|
| ADDRESS: | <br> |
|          | <br> |
| E-MAIL:  | <br> |

OFFEROR'S PRINTED NAME: \_\_\_\_\_

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#### 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. 24-DES-RFP-483, 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 OF)   |  |  |  |  |
| CITY/COUNTY OF) to wit:  |  |  |  |  |
| personally appeared before me this day of, 20 the undersigned a Notary Public in and for the State and County of aforesaid,, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument as an agent of the Offeror and acknowledged that he/she has executed the same for the purposes therein contained. |  |  |  |  |
| (Seal)   |  |  |  |  |
| Notary registration number:<br>My commission expires:  |  |  |  |  |