# ARLINGTON COUNTY, VIRGINIA REQUEST FOR PROPOSALS NO. 22-DES-RFP-611

### PROPOSAL FORM

ELECTRONIC PROPOSALS WILL BE RECEIVED BY THE COUNTY VIA VENDOR REGISTRY NOT LATER THAN 1:00 P.M., APRIL 6, 2022.

FOR PROVIDING

PERFORMANCE PARKING SYSTEM SOLUTION FOR DEPLOYMENT IN COMMERCIAL CORRIDORS 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.

(legal name of entity)				
AUTHORIZED SIGNATU	RE:			
PRINT NAME AND TITL	E:			
ADDRESS:				
CITY/STATE/ZIP:				
TELEPHONE NO.:	E-M ADI	:		
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 AUTHORIZ COMMONWEALTH OF	ED TO TRANSACT BUSINESS IN T VIRGINIA?	THE	YES 🗖 NO	
IDENTIFICATION NO. IS SCC:	SUED 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	& BRAD	STREET D	-U-N-S NUN	/IBER: (if	f available)					
HAS YOUR FIRE FROM SUBMIT VIRGINIA, OR WITHIN THE PA	TTING ANY C	PROPOS.	ALS TO A	RLINGTO	ON COUNT	ГΥ,	YES		NO	
OFFEROR STATE	US:	MINORIT	Y OWNED:		WOMAN	OWNED:			NEITHER:	
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THE OFFICIAL C								NY AI	DDENDA, IS	THE
POTENTIAL OFF ALL SOLICITATION										S OF
<ol> <li>OFFEROR MI FIRST PAGE T</li> <li>INDICATE TH AUTHORITAT</li> </ol>	THIS PR HE NAI	OPOSAL F ME AND	ORM. CONTACT	INFORM	1ATION OF	THE PE				
NAME (PRINTED)	):					TITLE: _				
E-MAIL ADDRESS	S:					TEL. NO.:				
TRADE SECRETS ( Trade secrets or transaction will Pursuant to Secti protect submitte materials, identif	r propri not be ion 4-1 ed data	ietary information in the second seco	ormation su to public di Arlington Co rials from d	bmitted sclosure unty Pur isclosure	under the rchasing Res must, bef	Virginia solution, h ore or up	Freedo noweve on sub	om of er, an omissi	Information Offeror seek on of the d	n Act. king to ata or
Please m	nark on	e:								
	he prop mation.		I have subm	itted do	es <u>not</u> conta	ain any tra	ade sec	crets a	nd/or propr	ietary
	the promation.	-	at I have s	ubmitte	d <u>does</u> cor	ntain trad	e secr	ets a	nd/or propr	rietary

PROPOSAL FORM, PAGE 3 OF 5  If Yes, you must clearly identify below the exact data or materials to be protected and 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:

## ACKNOWLEDGEMENT OF COUNTY COVID-19 VACCINATION POLICY

	Contractor Name, hereinafter referred to as "Offeror"),
•	ination Policy as a condition of contract award which may
require that all contractor employees or subcor	ntractors who will be working on the contract are fully
vaccinated against COVID-19, or being tested	on a weekly basis, or are exempt pursuant to a valid
reasonable accommodation under state or feder	ral law.
Signed:	Date:
Name of Officers	
Name of 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-DES-RFP-611, 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 b, 20 the undersigned a Notary Public in and for th, 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:	