Name of Prime Offeror:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The undersigned submits this proposal in response to the above referenced, being familiar with and understanding the advertised notice of opportunity, General Information, Work Statement, Proposal Form, Affidavit of Non-Collusion, and Addenda if any (the “Proposal Documents”), as prepared by the Philadelphia Parking Authority and posted on the Authority’s Internet website and on file in the office of the Authority at 701 Market Street, Suite 5400, Philadelphia, PA 19106. The party submitting a proposal is the “Offeror”.
2. The Authority reserves the right to withdraw and cancel this RFP prior to opening or to reject any and all proposals after proposals are opened if in the best interest of the Authority, in the Authority's sole discretion. If the Authority accepts Offeror’s offer, Offeror agrees to execute a contract memorializing the proposal’s terms if the contract is delivered to Offeror within 60 days of the proposal opening date. This provision will not be interpreted to preclude the execution of a contract related to this proposal outside of that 60 day period.
3. Offeror acknowledges receipt of the following addenda:

|  |  |  |
| --- | --- | --- |
| Addendum |  | Date |
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1. **Requirement Statement:** The undersigned Offeror agrees to provide the services as specified in the RFP, Work Statement and any Addenda, if issued and the response submitted.

­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

(Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

1. **Offeror Signatures:**

If offer is by an individual or partnership, form must be dated and signed here:

|  |  |  |
| --- | --- | --- |
| Signature of Owner of Partner |  | Business Name of Offeror |
| Typed or Printed Name |  | Street Address |
| Title |  | City/State/ ZIP Code |
| Date |  | Telephone Number |
| If offer is by a corporation, form must include the date and be signed here by (a) President or Vice President, and (b) Secretary, Assistant Secretary, Treasurer, or Assistant Treasurer, and (c) a corporate seal must be affixed. If this form is not so signed, a corporate resolution authorizing form of execution must be attached to this offer. | | |
|  |  |  |
| Signature |  | Signature |
| Typed or Printed Name |  | Typed or Printed Name |
| Title |  | Title |
| Business Name of Offeror |  |  |
| Street Address |  | SEAL: |
| City/State/ZIP Code |  |  |
| Telephone Number |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

1. **Affidavit of Non-Collusion:**

State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RFP No. \_\_\_\_\_\_\_\_\_\_\_

County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I state that I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of my organization) and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the price(s) and the amount of this proposal and I have placed my signature below.

I state that:

(1) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication or agreement with any other contractor, Offeror or potential Offeror.

(2) Neither the price(s) nor the amount of this proposal, and neither the terms nor the approximate price(s) nor approximate amount of this proposal, have been disclosed to any other firm or person who is a Offeror or potential Offeror, and they will not be disclosed before proposal opening.

(3) No attempt has been made or will be made to induce any firm or person to refrain from submitting a proposal in response to this Proposal, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.

(4) The proposal of my organization is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal. I have read, understand and will abide by the Authority’s Contractor Integrity Provisions.

(5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (my organization’s name) its affiliates, subsidiaries, officers, directors and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except as follows:

I state that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (my organization’s name) understands and acknowledges that the above representations are material and important and will be relied on by The Philadelphia Parking Authority when awarding the contract for which this proposal is submitted. I understand and my organization understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from The Philadelphia Parking Authority of the true facts relating to the submission of proposals / proposals for this contract.

|  |  |
| --- | --- |
| SWORN TO AND SUBSCRIBED  BEFORE ME THIS \_\_\_\_\_DAY OF 20\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public  My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name |

1. **Qualifications:**
   1. **Type of business**: Individually owned □

*Check one* Partnership □

Corporation □

Other □

* 1. **Number of employees**: Under 25 □

*Check one* Under 50 □

Under 100 □

Over 100 □

* 1. **If you have had previous contracts with the Authority, list date and product or service provided**:
  2. **Philadelphia Business Activities License Number: ­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. **Federal EIN Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST OF SUBCONTRACTORS**

(copy page as needed)

Undersigned agrees, if notified of the acceptance of this proposal, that he will utilize the following subcontractors, for the following noted types of work. No substitutions shall be made in the employment of subcontractors without written approval from the Authority. The undersigned acknowledges that the Philadelphia Parking Authority reserves the right to reject any subcontractors listed below after proposals are opened at no additional cost to Authority.

|  |  |  |
| --- | --- | --- |
| **SUBCONTRACTOR** | | |
| Company Name: | | |
| Type of Work: | | |
| Phone: | E-mail: | |
| Address: | | |
| City: | State: | Zip |
| Union Affiliation (if any): | | |
| Signature of Individual, Owner or Partner: | | |
| Name and Title of Signer: | | |
| Date: | | |
| **SUBCONTRACTOR** | | |
| Company Name: | | |
| Type of Work: | | |
| Phone: | E-mail: | |
| Address: | | |
| City: | State: | Zip |
| Union Affiliation (if any): | | |
| Signature of Individual, Owner or Partner: | | |
| Name and Title of Signer: | | |
| Date: | | |

**Philadelphia Parking Authority**

**SMALL AND SMALL DIVERSE BUSINESS**

**PARTICIPATION SUBMITTAL**

**RFP Name and Number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Offeror:**

**Contact Name:                                                      Email:**

**OFFEROR INFORMATION:**

Does the Offeror hold a Small and/or Small Diverse Business Procurement Initiative certificate issued by the Pennsylvania Department of General Services? □ Yes □ No (MUST check one)

If yes, please identify each category that applies to your business:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Offeror will need to attach a copy of their SBPI certificate. Offeror will be required to maintain their status as a certified Small and Small Diverse Business throughout the entire term of the contract.

**Manager Contract Administration**

**The Philadelphia Parking Authority**

**701 Market Street, Suite 5400**

**Philadelphia, PA 19106**

**Proposal Decline Form:** RFP No. 18-20 Parking Application, Business Intelligence Platform and Customer Support Services

If you did not submit an offer to the Authority for this solicitation, please return this form immediately.

The undersigned contractor declines to submit an offer for this project.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Requirements too “tight” (explain below)

□ Unable to meet time period for responding to this Proposal

□ We do not offer this product or service

□ Our schedule would not permit us to perform

□ Unable to complete Work Statement

□ Unable to meet Bond Requirements

□ Work Statement unclear (explain below)

□ Unable to meet Insurance Requirements

□ Unable to meet Contract Requirements (explain below)

□ Other (specify below)

Comments:

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Upon completion of this form, please email the form to Mary Wheeler, Manager of Contract Administration at mwheeler@philapark.org.

|  |  |
| --- | --- |
| **Company & Product Information** | |
| Company Name: |  |
| Software Details: (Name, Title, Modules Included, etc.) |  |
| Software Version Number: |  |
| Estimated # weeks for implementation, including all associated activities such as testing, acceptance and training: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 |
| **TOTAL COST:** Firm/Fixed, Fully Burdened Total Cost for implementation, training, licensing, technical support, maintenance, proposed hardware, required and proposed integrations, and five (5) years of Application operation (broken out in table below). This cost must include ALL items listed as required in this RFP, which are included in your proposed Application. |  |  |  |  |  |  |  |
| Optional Hourly, Billable Rates (for custom software development, future training, on-site needs, etc*. in addition to* what is specified in this RFP as required) |  |  |  |  |  |  |  |
| **Project Cost Breakdown** (these should all be reflected in TOTAL COST, listed above.) |  |  |  |  |  |  |  |
| Fully Burdened Technical and Functional Implementation Costs |  |  |  |  |  |  |  |
| 7 (seven) years of Application operation. |  |  |  |  |  |  |  |
| Training |  |  |  |  |  |  |  |
| Maintenance, Support & Upgrades |  |  |  |  |  |  |  |
| Other (Additional hardware required, etc. List and Itemize all other costs; explain in detail) |  |  |  |  |  |  |  |

Name of Prime Offeror:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The undersigned submits this proposal in response to the above referenced, being familiar with and understanding the advertised notice of opportunity, General Information, Work Statement, Proposal Form, Affidavit of Non-Collusion, and Addenda if any (the “Proposal Documents”), as prepared by the Philadelphia Parking Authority and posted on the Authority’s Internet website and on file in the office of the Authority at 701 Market Street, Suite 5400, Philadelphia, PA 19106. The party submitting a proposal is the “Offeror”.
2. The Authority reserves the right to withdraw and cancel this RFP prior to opening or to reject any and all proposals after proposals are opened if in the best interest of the Authority, in the Authority's sole discretion. If the Authority accepts Offeror’s offer, Offeror agrees to execute a contract memorializing the proposal’s terms if the contract is delivered to Offeror within 60 days of the proposal opening date. This provision will not be interpreted to preclude the execution of a contract related to this proposal outside of that 60 day period.
3. Offeror acknowledges receipt of the following addenda:

|  |  |  |
| --- | --- | --- |
| Addendum |  | Date |
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1. **Requirement Statement:** The undersigned Offeror agrees to provide the services as specified in the RFP, Work Statement and any Addenda, if issued and the response submitted.

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

(Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

1. **Offeror Signatures:**

If offer is by an individual or partnership, form must be dated and signed here:

|  |  |  |
| --- | --- | --- |
| Signature of Owner of Partner |  | Business Name of Offeror |
| Typed or Printed Name |  | Street Address |
| Title |  | City/State/ ZIP Code |
| Date |  | Telephone Number |
| If offer is by a corporation, form must include the date and be signed here by (a) President or Vice President, and (b) Secretary, Assistant Secretary, Treasurer, or Assistant Treasurer, and (c) a corporate seal must be affixed. If this form is not so signed, a corporate resolution authorizing form of execution must be attached to this offer. | | |
|  |  |  |
| Signature |  | Signature |
| Typed or Printed Name |  | Typed or Printed Name |
| Title |  | Title |
| Business Name of Offeror |  |  |
| Street Address |  | SEAL: |
| City/State/ZIP Code |  |  |
| Telephone Number |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

1. **Affidavit of Non-Collusion:**

State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RFP No. \_\_\_\_\_\_\_\_\_\_\_

County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I state that I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of my organization) and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the price(s) and the amount of this proposal and I have placed my signature below.

I state that:

(1) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication or agreement with any other contractor, Offeror or potential Offeror.

(2) Neither the price(s) nor the amount of this proposal, and neither the terms nor the approximate price(s) nor approximate amount of this proposal, have been disclosed to any other firm or person who is a Offeror or potential Offeror, and they will not be disclosed before proposal opening.

(3) No attempt has been made or will be made to induce any firm or person to refrain from submitting a proposal in response to this Proposal, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.

(4) The proposal of my organization is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal. I have read, understand and will abide by the Authority’s Contractor Integrity Provisions.

(5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (my organization’s name) its affiliates, subsidiaries, officers, directors and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except as follows:

I state that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (my organization’s name) understands and acknowledges that the above representations are material and important and will be relied on by The Philadelphia Parking Authority when awarding the contract for which this proposal is submitted. I understand and my organization understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from The Philadelphia Parking Authority of the true facts relating to the submission of proposals / proposals for this contract.

|  |  |
| --- | --- |
| SWORN TO AND SUBSCRIBED  BEFORE ME THIS \_\_\_\_\_DAY OF 20\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public  My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name |

1. **Qualifications:**
   1. **Type of business**: Individually owned □

*Check one* Partnership □

Corporation □

Other □

* 1. **Number of employees**: Under 25 □

*Check one* Under 50 □

Under 100 □

Over 100 □

* 1. **If you have had previous contracts with the Authority, list date and product or service provided**:
  2. **Philadelphia Business Activities License Number:** ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. **Federal EIN Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST OF SUBCONTRACTORS**

(copy page as needed)

Undersigned agrees, if notified of the acceptance of this proposal, that he will utilize the following subcontractors, for the following noted types of work. No substitutions shall be made in the employment of subcontractors without written approval from the Authority. The undersigned acknowledges that the Philadelphia Parking Authority reserves the right to reject any subcontractors listed below after proposals are opened at no additional cost to Authority.

|  |  |  |
| --- | --- | --- |
| **SUBCONTRACTOR** | | |
| Company Name: | | |
| Type of Work: | | |
| Phone: | E-mail: | |
| Address: | | |
| City: | State: | Zip |
| Union Affiliation (if any): | | |
| Signature of Individual, Owner or Partner: | | |
| Name and Title of Signer: | | |
| Date: | | |
| **SUBCONTRACTOR** | | |
| Company Name: | | |
| Type of Work: | | |
| Phone: | E-mail: | |
| Address: | | |
| City: | State: | Zip |
| Union Affiliation (if any): | | |
| Signature of Individual, Owner or Partner: | | |
| Name and Title of Signer: | | |
| Date: | | |

**Philadelphia Parking Authority**

**SMALL AND SMALL DIVERSE BUSINESS**

**PARTICIPATION SUBMITTAL**

**RFP Name and Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Offeror:**

**Contact Name:                                                      Email:**

**OFFEROR INFORMATION:**

Does the Offeror hold a Small and/or Small Diverse Business Procurement Initiative certificate issued by the Pennsylvania Department of General Services? □ Yes □ No (MUST check one)

If yes, please identify each category that applies to your business:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Offeror will need to attach a copy of their SBPI certificate. Offeror will be required to maintain their status as a certified Small and Small Diverse Business throughout the entire term of the contract.

**Manager Contract Administration**

**The Philadelphia Parking Authority**

**701 Market Street, Suite 5400**

**Philadelphia, PA 19106**

**Proposal Decline Form:** RFP No. 18-20 Parking Application, Business Intelligence Platform and Customer Support Services

If you did not submit an offer to the Authority for this solicitation, please return this form immediately.

The undersigned contractor declines to submit an offer for this project.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Requirements too “tight” (explain below)

□ Unable to meet time period for responding to this Proposal

□ We do not offer this product or service

□ Our schedule would not permit us to perform

□ Unable to complete Work Statement

□ Unable to meet Bond Requirements

□ Work Statement unclear (explain below)

□ Unable to meet Insurance Requirements

□ Unable to meet Contract Requirements (explain below)

□ Other (specify below)

Comments:

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Upon completion of this form, please email the form to Mary Wheeler, Manager of Contract Administration at mwheeler@philapark.org.

|  |  |
| --- | --- |
| **Company & Product Information** | |
| Company Name: |  |
| Software Details: (Name, Title, Modules Included, etc.) |  |
| Software Version Number: |  |
| Estimated # weeks for implementation, including all associated activities such as testing, acceptance and training: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 |
| **TOTAL COST:** Firm/Fixed, Fully Burdened Total Cost for implementation, training, licensing, technical support, maintenance, proposed hardware, required and proposed integrations, and five (5) years of Platform operation (broken out by year. This cost must include ALL items listed as required in this RFP, which are included in your proposed Platform. |  |  |  |  |  |  |  |
| Optional Hourly, Billable Rates (for custom software development, future training, on-site needs, etc*. in addition to* what is specified in this RFP as required) |  |  |  |  |  |  |  |
| **Project Cost Breakdown** (these should all be reflected in TOTAL COST, listed above.) |  |  |  |  |  |  |  |
| Fully Burdened Technical and Functional Implementation Costs |  |  |  |  |  |  |  |
| 7 (seven) years of Platform operation. |  |  |  |  |  |  |  |
| Training |  |  |  |  |  |  |  |
| Maintenance, Support & Upgrades |  |  |  |  |  |  |  |
| Other (Additional hardware required, etc. List and Itemize all other costs; explain in detail) |  |  |  |  |  |  |  |

Name of Prime Offeror:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The undersigned submits this proposal in response to the above referenced, being familiar with and understanding the advertised notice of opportunity, General Information, Work Statement, Proposal Form, Affidavit of Non-Collusion, and Addenda if any (the “Proposal Documents”), as prepared by the Philadelphia Parking Authority and posted on the Authority’s Internet website and on file in the office of the Authority at 701 Market Street, Suite 5400, Philadelphia, PA 19106. The party submitting a proposal is the “Offeror”.
2. The Authority reserves the right to withdraw and cancel this RFP prior to opening or to reject any and all proposals after proposals are opened if in the best interest of the Authority, in the Authority's sole discretion. If the Authority accepts Offeror’s offer, Offeror agrees to execute a contract memorializing the proposal’s terms if the contract is delivered to Offeror within 60 days of the proposal opening date. This provision will not be interpreted to preclude the execution of a contract related to this proposal outside of that 60-day period.
3. Offeror acknowledges receipt of the following addenda:

|  |  |  |
| --- | --- | --- |
| Addendum |  | Date |
|  |  |  |
|  |  |  |
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1. **Requirement Statement:** The undersigned Offeror agrees to provide the services as specified in the RFP, Work Statement and any Addenda, if issued and the response submitted.

­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

(Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

1. **Offeror Signatures:**

If offer is by an individual or partnership, form must be dated and signed here:

|  |  |  |
| --- | --- | --- |
| Signature of Owner of Partner |  | Business Name of Offeror |
| Typed or Printed Name |  | Street Address |
| Title |  | City/State/ ZIP Code |
| Date |  | Telephone Number |
| If offer is by a corporation, form must include the date and be signed here by (a) President or Vice President, and (b) Secretary, Assistant Secretary, Treasurer, or Assistant Treasurer, and (c) a corporate seal must be affixed. If this form is not so signed, a corporate resolution authorizing form of execution must be attached to this offer. | | |
|  |  |  |
| Signature |  | Signature |
| Typed or Printed Name |  | Typed or Printed Name |
| Title |  | Title |
| Business Name of Offeror |  |  |
| Street Address |  | SEAL: |
| City/State/ZIP Code |  |  |
| Telephone Number |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

1. **Affidavit of Non-Collusion:**

State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RFP No. \_\_\_\_\_\_\_\_\_\_\_

County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I state that I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of my organization) and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the price(s) and the amount of this proposal and I have placed my signature below.

I state that:

(1) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication or agreement with any other contractor, Offeror or potential Offeror.

(2) Neither the price(s) nor the amount of this proposal, and neither the terms nor the approximate price(s) nor approximate amount of this proposal, have been disclosed to any other firm or person who is a Offeror or potential Offeror, and they will not be disclosed before proposal opening.

(3) No attempt has been made or will be made to induce any firm or person to refrain from submitting a proposal in response to this Proposal, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.

(4) The proposal of my organization is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal. I have read, understand and will abide by the Authority’s Contractor Integrity Provisions.

(5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (my organization’s name) its affiliates, subsidiaries, officers, directors and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except as follows:

I state that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (my organization’s name) understands and acknowledges that the above representations are material and important and will be relied on by The Philadelphia Parking Authority when awarding the contract for which this proposal is submitted. I understand and my organization understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from The Philadelphia Parking Authority of the true facts relating to the submission of proposals / proposals for this contract.

|  |  |
| --- | --- |
| SWORN TO AND SUBSCRIBED  BEFORE ME THIS \_\_\_\_\_DAY OF 20\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public  My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name |

1. **Qualifications:**
   1. **Type of business**: Individually owned □

*Check one* Partnership □

Corporation □

Other □

* 1. **Number of employees**: Under 25 □

*Check one* Under 50 □

Under 100 □

Over 100 □

* 1. **If you have had previous contracts with the Authority, list date and product or service provided**:
  2. **Philadelphia Business Activities License Number:** ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. **Federal EIN Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIST OF SUBCONTRACTORS**

(copy page as needed)

Undersigned agrees, if notified of the acceptance of this proposal, that he will utilize the following subcontractors, for the following noted types of work. No substitutions shall be made in the employment of subcontractors without written approval from the Authority. The undersigned acknowledges that the Philadelphia Parking Authority reserves the right to reject any subcontractors listed below after proposals are opened at no additional cost to Authority.

|  |  |  |
| --- | --- | --- |
| **SUBCONTRACTOR** | | |
| Company Name: | | |
| Type of Work: | | |
| Phone: | E-mail: | |
| Address: | | |
| City: | State: | Zip |
| Union Affiliation (if any): | | |
| Signature of Individual, Owner or Partner: | | |
| Name and Title of Signer: | | |
| Date: | | |
| **SUBCONTRACTOR** | | |
| Company Name: | | |
| Type of Work: | | |
| Phone: | E-mail: | |
| Address: | | |
| City: | State: | Zip |
| Union Affiliation (if any): | | |
| Signature of Individual, Owner or Partner: | | |
| Name and Title of Signer: | | |
| Date: | | |

**Philadelphia Parking Authority**

**SMALL AND SMALL DIVERSE BUSINESS**

**PARTICIPATION SUBMITTAL**

**RFP Name and Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Offeror:**

**Contact Name:                                                      Email:**

**OFFEROR INFORMATION:**

Does the Offeror hold a Small and/or Small Diverse Business Procurement Initiative certificate issued by the Pennsylvania Department of General Services? □ Yes □ No (MUST check one)

If yes, please identify each category that applies to your business:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Offeror will need to attach a copy of their SBPI certificate. Offeror will be required to maintain their status as a certified Small and Small Diverse Business throughout the entire term of the contract.

**Manager Contract Administration**

**The Philadelphia Parking Authority**

**701 Market Street, Suite 5400**

**Philadelphia, PA 19106**

**Proposal Decline Form:** RFP No. 18-20 Parking Application, Business Intelligence Platform and Customer Support Services

If you did not submit an offer to the Authority for this solicitation, please return this form immediately.

The undersigned contractor declines to submit an offer for this project.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Requirements too “tight” (explain below)

□ Unable to meet time period for responding to this Proposal

□ We do not offer this product or service

□ Our schedule would not permit us to perform

□ Unable to complete Work Statement

□ Unable to meet Bond Requirements

□ Work Statement unclear (explain below)

□ Unable to meet Insurance Requirements

□ Unable to meet Contract Requirements (explain below)

□ Other (specify below)

Comments:

|  |
| --- |
|  |
|  |
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|  |
|  |
|  |

Upon completion of this form, please email the form to Mary Wheeler, Manager of Contract Administration at mwheeler@philapark.org.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 |
| **TOTAL COST:** Firm/Fixed, Fully Burdened Total Cost for labor, hiring, training, licensing, and seven (7) years of Customer Support Services (broken out in table below). This cost must include ALL items listed as required in this RFP, which are included in your proposed Customer Support Service. |  |  |  |  |  |  |  |
| Salaries & Wages |  |  |  |  |  |  |  |
| Payroll Taxes & Burden |  |  |  |  |  |  |  |
| Health, Welfare & Pension |  |  |  |  |  |  |  |
| Workers Compensation |  |  |  |  |  |  |  |
| Uniforms & Laundry |  |  |  |  |  |  |  |
| Printing |  |  |  |  |  |  |  |
| Amenities & Supplies |  |  |  |  |  |  |  |
| Repairs & Maintenance |  |  |  |  |  |  |  |
| Liability Insurance |  |  |  |  |  |  |  |
| Rental Expense |  |  |  |  |  |  |  |
| Depreciation/Amortization |  |  |  |  |  |  |  |
| Vehicle and Equipment Financing |  |  |  |  |  |  |  |
| Postage & Freight |  |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |  |
| Employee Processing |  |  |  |  |  |  |  |
| General Expense |  |  |  |  |  |  |  |
| Meter Communication/Credit Card Processing & Fees |  |  |  |  |  |  |  |
| Base Management Fee |  |  |  |  |  |  |  |
| Employee Processing |  |  |  |  |  |  |  |
| General Expense |  |  |  |  |  |  |  |
| Other Expenses (explain in detail) |  |  |  |  |  |  |  |