MASTER CONTRACT FOR INDUSTRIAL HYGIENE SERVICES SUBMISSION CHECKLIST

In order for the response to be complete, the Submission Checklist and the following forms must be submitted with your RFP response.

____Exhibit B – Hourly Fee Schedule (Pass/Fail)

____Exhibit C – with project experience (Pass/Fail)

The following forms should be submitted with your RFP response and are available at:
http://mn.gov/admin/government/construction-projects/manuals-guidelines-forms/forms/index.jsp

____Organizational Conflict of Interest
____Exhibit E, Workforce Certification
____Exhibit E1, Equal Pay Certificate
____Exhibit F, Certification Regarding Lobbying
____Exhibit I, Affidavit of NonCollusion
____Corporate Resolution (to be submitted by responder)
____TG/ED Certification (to be submitted by responder if applicable)
____Exhibit M, Veterans Preference Form (if applicable)
____Exhibit O, Resident Vendor Form (if applicable)

Please check the appropriate box for each statement below. Please note if "No" is checked for numbers 1-2, or "Yes" is checked for number 3, it could result in disqualification from receiving a Master Contract. Much of the language reflected in the contract is required by statute. If you take exception to any of the terms, conditions or language in the contract, you must indicate those exceptions in your response to the RFP; certain exceptions may result in your proposal being disqualified from further review and evaluation. Only those exceptions indicated in your response to the RFP will be available for discussion or negotiation.

By checking the boxes below, your firm confirms that the statements are true.

☐ Yes ☐ No 1. If awarded, will you provide proof of insurance in the amounts outlined in the RFP? If no, detail those exceptions: _____

☐ Yes ☐ No 2. Do you accept the Terms and Conditions set forth in the sample contract? If no, detail all exceptions: _____
Sample contract can be viewed at:
http://www.mmd.admin.state.mn.us/pdf/mastercontract.pdf. \

☐ Yes ☐ No 3. Is your firm currently suspended or debarred by the federal government?

☐ Yes ☐ No 4. Does your response contain any material classified as trade secret as defined in Minnesota Statute §13.37? The State will NOT consider the prices submitted by the responder to be Trade Secret Materials.

☐ Yes ☐ No 5. Does your business reside in a state that has a reciprocal preference currently in effect which would require a reciprocal preference to be figured?

☐ Yes ☐ No 6. Is your firm registered and certified as a Targeted Group vendor, and are they eligible for a preference for this solicitation?

Responding Firm's Point of Contact to be listed on Master Contract:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Responding Firm's Authorized Signer:

By signing this document, you are officially approving the document and indicating you are authorized to submit this document on behalf of your entity or organization.

Name: _____

Title: _____

Signature: _____

Date: _____