MASTER CONTRACT FOR PROJECT SUPPORT 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 A – with project experience (Pass/Fail)

____Exhibit B – Hourly Fee Schedule (Pass/Fail)

____Statement regarding any of Conflict of Interests

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 & Equal Pay Declaration
____Exhibit F, Certification Regarding Lobbying
____Exhibit I, Affidavit of NonCollusion
____Corporate Resolution (to be submitted by responder)
____TG/ED Certification (if applicable, to be submitted by responder)
____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 may result in disqualification from receiving a Master Contract. Much of the language reflected in the contract is required by statute.

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?

☐ Yes ☐ No 2. Do you accept the Terms and Conditions set forth in the sample contract? Sample contract can be viewed at: https://osp.admin.mn.gov/sites/osp/files/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: _____