**Schedule D - Summary Questionnaire**

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| --- | --- | --- | --- |
| 1. Can your company **complete services on or before *August 1, 2020***? |  | **YES**\_\_\_\_\_\_\_ | **ALTERNATIVE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. Does your company agree to provide a minimum of **3 references** to the University **upon request**, with specific contact names and phone numbers? |  | **\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 3. Did you attend **the mandatory Pre-Proposal** meeting **on *November 07, 2017*?** |  | **\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 4. Did your company provide a certificate of insurance to meet or exceed all our minimum requirements? |  | **\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 5. Did your company provide the required Proposal Certification, Non- Collusion Affidavit and Vendor Acknowledgement**, Schedule A?** |  | **\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 6. Did your company complete and provide the Summary **Price Schedule C**, and submit it electronically to **rfp@wayne.edu?** |  | **\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 7. Please complete the following questions:Total number of employees in your companyTotal years in business with this company name |  | **\_\_\_\_\_\_****\_\_\_\_\_\_** |  |
| 8. Does your company agree to provide financial reports to the University **upon request?** |  | **\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Does your company agree to allow the UNIVERSITY to audit your books pertaining to the UNIVERSITY account?
 |  | **\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Are there any conflicts of interest in doing business with the University?
 |  | **\_\_\_ Yes****\_\_\_ No** |  |
| 1. Did your company quote services in accordance with **Prevailing Wage Labor** requirements and clearly indicate such in your proposal?
 |  | **\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **ADDENDA:** The undersigned affirms that the cost of all work covered by the following Addenda are included in the lump sum price of this proposal.

Addendum No. Date Addendum No. Date

Addendum No. Date Addendum No. Date

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Addendum No. Date Addendum No. Date

Addendum No. Date Addendum No. Date

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(Title) (Date)