**Attachment A**

**REGISTRATION/INTENT FORM**

## RFP: WSU Parking Structure Capital Improvement Plan 2018 */* Kimberly Tomaszewski

Please use this form to indicate your attendance at our

**Mandatory Pre-Proposal Meeting** to be held on, **June 7, 2018** at **10:00 am**

and your intent to submit a Proposal for the services listed.

Please type or print the information requested below, then email to attention of

**Kimberly Tomaszewski** at **ac9934@Wayne.edu** by **June 6, 2018**, **Noon.**

CONSULTANT Name:

CONSULTANT Address:

Contact Person:

Telephone: ( )

Fax: ( )

E-mail

**YES** \_\_\_\_\_\_\_\_ I will be attending the **mandatory Pre-proposal meeting on** June 7, 2018

Location: Facilities Planning and Management

5454 Cass Avenue,

Conference Room #3

Detroit, MI 48202

Time: 10:00 am

**NO** \_\_\_\_\_\_\_\_\_ I will not participate in the Request for Proposal and will not be present at the meeting.

I understand that this will not affect our status as a potential supplier to Wayne State University.

Thank you for interest shown in working with Wayne State University.

**Kimberly Tomaszewski**

**Senior Buyer**

Attachment B

**RESPONSE TO WAYNE STATE UNIVERSITY**

**REQUEST FOR PROPOSAL**

## RFP: WSU Parking Structure Capital Improvement Plan 2018

## AND TO ANY AMENDMENTS, THERETO

## 

**DATED: May 31, 2018**

**PROPOSAL CERTIFICATION, ACKNOWLEDGEMENTS,   
and NON-COLLUSION AFFIDAVIT**

CONSULTANT is to certify its proposal as to its compliance with the Request for Proposal specifications using the language as stated hereon.

**ACKNOWLEDGEMENTS**

By virtue of submittal of a Proposal, CONSULTANT acknowledges and agrees that:

* All of the requirements in the Scope of Work of this RFP have been read, understood and accepted.
* The University’s General Requirements and Guidelines have been read, understood and accepted.
* Compliance with the Requirements and/or Specifications, General Requirements and Guidelines, and any applicable Supplemental Terms and Conditions will be assumed acceptable to the CONSULTANT if not otherwise noted in the submittal in an Exhibit A, Restricted Services.
* The Supplier is presently not debarred, suspended, proposed for debarment, declared ineligible, nor voluntarily excluded from covered transactions by any Federal or State of Michigan department or agency.
* Wayne State University is a constitutionally autonomous public university within Michigan's system of public colleges and universities, and as such, is subject to the State of Michigan Freedom of Information Act 442 of 1976. Any Responses Proposals, materials, correspondence, or documents provided to the University are subject to the State of Michigan Freedom of Information Act, and may be released to third parties in compliance with that Act, regardless of notations in the CONSULTANT's Proposal to the contrary.
* All of the Terms and Conditions of this RFP and Consultant’s Response Proposal become part of any ensuing agreement.
* The individual signing below has authority to make these commitments on behalf of Supplier.
* This proposal remains in effect for one hundred twenty **[120]** days.

CONSULTANT, through the signature of its agent below, hereby offers to provide the requested products/services at the prices specified, and under the terms and conditions stated and incorporated into this RFP.

**PROPOSAL CERTIFICATION**

The undersigned, duly authorized to represent the persons, firms and corporations joining and participating in the submission of this Proposal states that the Proposal contained herein is complete and is in strict compliance with the requirements of the subject Request for Proposal dated **May 31, 2018*,*** except as noted in Exhibit A, the "**Restricted Services/Exceptions to RFP**" section of the Proposal. If there are no modifications, deviations or exceptions, indicate “None” in the box below:

|  |  |
| --- | --- |
|  | **NONE** – There are no exceptions to the University’s requirements or Contract |

|  |  |
| --- | --- |
|  | **YES** – Exceptions exist as shown in Exhibit A, Restricted Services. |

**NON-COLLUSION AFFIDAVIT**

The undersigned, duly authorized to represent the persons, firms and corporations joining and participating in the submission of the foregoing Proposal, states that to the best of his or her belief and knowledge no person, firm or corporation, nor any person duly representing the same joining and participating in the submission of the foregoing Proposal, has directly or indirectly entered into any agreement or arrangement with any other CONSULTANTS, or with any official of the UNIVERSITY or any employee thereof, or any person, firm or corporation under contract with the UNIVERSITY whereby the CONSULTANT, in order to induce acceptance of the foregoing Proposal by said UNIVERSITY, has paid or given or is to pay or give to any other CONSULTANT or to any of the aforementioned persons anything of value whatever, and that the CONSULTANT has not, directly or indirectly entered into any arrangement or agreement with any other CONSULTANT or CONSULTANTS which tends to or does lessen or destroy free competition in the letting of the contract sought for by the foregoing Proposal.

The CONSULTANT hereby certifies that neither it, its officers, partners, owners, providers, representatives, employees and parties in interest, including the affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other proposer, potential proposer, firm or person, in connection with this solicitation, to submit a collusive or sham bid, to refrain from bidding, to manipulate or ascertain the price(s) of other proposers or potential proposers, or to obtain through any unlawful act an advantage over other proposers or the college.

The prices submitted herein have been arrived at in an entirely independent and lawful manner by the proposer without consultation with other proposers or potential proposers or foreknowledge of the prices to be submitted in response to this solicitation by other proposers or potential proposers on the part of the proposer, its officers, partners, owners, providers, representatives, employees or parties in interest, including the affiant.

**CONFLICT OF INTEREST**

The undersigned proposer and each person signing on behalf of the proposer certifies, and in the case of a sole proprietorship, partnership or corporation, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief, no member of the UNIVERSITY, nor any employee, or person, whose salary is payable in whole or in part by the UNIVERSITY, has a direct or indirect financial interest in the award of this Proposal, or in the services to which this Proposal relates, or in any of the profits, real or potential, thereof, except as noted otherwise herein.

Any notice required under the Agreement shall be personally delivered or mailed by first class or certified mail, with proper postage, prepaid, to the Subject CONSULTANT at the following address:

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Payer ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

(Title) (Date)

The Internal Revenue Code requires recipients of payments which must be reported on Form 1099 to provide their taxpayer identification number (TIN).

T.I.N. (Taxpayer Identification Number, Federal Identification Number, or Social Security Number)*.*