**SUBMITTAL RESPONSE CHECKLIST**

Project Name: **Printing and Mailing Services for the ConnectH2O Program RFP**

Firm Name:

Use the checklist to ensure that the Proposal is complete by checking off each item included with your response. Sign and date this form and include this page with each Proposal.

Respondent Questionnaire

Completed and signed W-9 Form

Team Capability and Project Understanding

Experience description (1 page)

Three (3) references (1 page)

Two (2) postcard examples (2 pages)

Two (2) door hanger examples (2 pages)

Plan for Performance of Scope

Turnaround time for deliverables (1 page)

Plan for meeting scope with economy issues (1 page)

Compensation Proposal (Attachment 1) (1 page)

Copy of Current Certificate of Liability Insurance or Letter from Insurance Agent

Exhibit B – Good Faith Effort Plan

Exhibit C – Conflict of Interest Questionnaire

If Proposal is submitted with an Alternate Paper Price, Respondent to provide within 24 hours of the Proposal Due Date:

Set of four (4) sample papers

I certify that the Proposal submitted includes the items as indicated above.

Signature Date

Printed Name

Title

**RESPONDENT QUESTIONNAIRE**

**PROJECT NAME: PRINTING AND MAILING SERVICES FOR THE CONNECTH2O PROGRAM RFP**

**Instructions:**  The Respondent Questionnaire is a required questionnaire. Complete the questionnaire by inserting the requested information. Do not modify or delete the questions.

**GENERAL INFORMATION**

1. **Respondent Information:** Provide the following information regarding the Respondent.

(NOTE: Co-Respondents are two or more entities proposing as a team or joint venture with each signing the contract, if awarded. Subcontractors are not Co-Respondents and should not be identified here. If this Proposal includes Co-Respondents, provide the required information in this Item #1 for each Co-Respondent by copying and inserting an additional block(s) before Item #2.)

Respondent Name:

(NOTE: Give exact legal name as it will appear on the contract, if awarded.)

Principal Address:

City: State: Zip Code:

Telephone No. Fax No:

Social Security Number or Federal Employer Identification Number:

2. **Operational Contact Information:** List the one person who SAWS may contact concerning your Proposal or setting dates for meetings.

Name:

Address:

City: State: Zip Code:

Telephone No. Fax No:

Email:

3. **Legal Contact Information:** If a contract were to be awarded, list where all notices under the Contract shall be sent to. This is in addition to the Operational Contact.

Name:

Address:

City: State: Zip Code:

Telephone No. Fax No:

Email:

4. Identify the principal contact person authorized to commit the Respondent to a contractual agreement.

5. Does Respondent anticipate any mergers, transfer of organization ownership, management reorganization, or departure of key personnel within the next twelve (12) months?

Yes  No

6. Is Respondent authorized and/or licensed to do business in Texas?

Yes  No  If “Yes”, list authorizations/licenses.

7. **Affirmative Action -** Respondent agrees to adhere to the EEO requirements contained in the RFP section V, sub-section B.,1.

Yes  No  If “No”, state reason.

8. Provide any other names under which Respondent has operated within the last 10 years.

9. **Compliance Agreement:**

Nondisclosure. No information obtained by Respondent from SAWS shall be disclosed by Respondent to any third party. In the event Respondent is subject to the Texas Public Information Act, upon receipt of a request for any information obtained by Respondent, Respondent shall provide notice to SAWS of the request along with a copy of the request, and give SAWS the opportunity to respond to the request prior to its release by Respondent.

No Lobbying and Compliance with Law. During the selection process for the project named in this RFP, Respondent agrees to comply with all applicable laws and regulations, including but not limited to restrictions against direct or indirect lobbying of public officials. Respondent agrees not to make or permit to be made any improper payments, or to perform any unlawful acts.

This agreement shall be construed to be enforceable to the maximum extent permitted by law.

Failure to complete this question or comply with its terms may subject this firm to elimination from the selection process at any time.

Does the Respondent agree to the above?

Yes  No

10. **Security Procedures:** Respondent acknowledges having read the security procedures in Exhibit D and understands the requirements. Respondent is prepared to perform at their own expense background security checks on their employees, or the employees of their Contractors or Subcontractors if requested by SAWS.

Yes  No

11. **No Boycotting and No Discrimination Verifications:** Respondent acknowledges having read the No Boycotting and No Discrimination Verifications Exhibit G and understands the requirements. Respondent can and will make this verification if awarded a contract.

Yes  No

1. **Government Code Chapter 2274 verifications:**
2. Are you, Contractor, held or controlled by individuals who are citizens of China, Iran, North Korea, Russia or a country designated by the Governor of the State of Texas pursuant to Texas Government Code Chapter 2274?

Yes  No

1. Are you, Contractor, held or controlled by a company or other entity, including a governmental entity, that is owned or controlled by citizens of or directly controlled by the government of China, Iran, North Korea, Russia or a country designated by the Governor of the State of Texas pursuant to Texas Government Code Chapter 2274?

Yes  No

1. Are you, Contractor, headquartered in China, Iran, North Korea, Russia or a country designated by the Governor of the State of Texas pursuant to Texas Government Code Chapter 2274?

Yes  No

13. **Contract Terms and Conditions:** Respondent acknowledges having read the contract attached to this RFP. By responding to this RFP, Respondent agrees to these terms and conditions.

No Exceptions  Exceptions  If “Exceptions”, they must be submitted with the Proposal. Respondents shall submit exceptions with proposed alternative language to SAWS as an attachment accompanying this questionnaire.

Exceptions will not be accepted after the Proposal due date and time. At the sole discretion of SAWS, the type and nature of exceptions may be grounds for disqualification.

14. **Addendums:** Each Respondent is required to acknowledge receipt of all addendums.

None  Yes  If “Yes”, Identify.

The information provided above is true and accurate to the best of my knowledge. Furthermore, we understand that failure to complete the Respondent Questionnaire may subject this firm to elimination from the selection process.

Signature Date

Printed Name

Title

**W-9 Form**

Submit a completed and signed W-9 Form. Respondents may go to <http://www.irs.gov/formspubs/index.html?portlet=3> to download this form, if needed.

**Evaluation Criteria Form**

**Responses Provided by Respondent**

*When responding to the questions below, use only the space provided in this form, unless otherwise indicated. If all fields are not completed, the proposal may be found to be non-responsive or points deducted. It is not acceptable to indicate “see attached” as a response to this form.*

**Team Capability and Project Understanding**

* + - 1. Provide a brief description of your experience in providing this type of project.

**Evaluation Criteria Form *(continued)***

**Team Capability and Project Understanding (Continued)**

* + - 1. Provide no less than three (3) references (and their corresponding examples) with valid contact information that has been recently verified and includes the following:

**Reference 1**

* Company Name: Company Name
* Contact name and title: Contact First Name, Last Name And Title
* Contact phone number(s) both office and cell if available:
* Contact email address: ex. contact@saws.org
* Brief project description:

**Reference 2**

* Company Name: Company Name
* Contact name and title: Contact First Name, Last Name And Title
* Contact phone number(s) both office and cell if available: 210-123-4567
* Contact email address: ex. contact@saws.org
* Brief project description:

**Reference 3**

* Company Name: Company Name
* Contact name and title: Contact First Name, Last Name And Title
* Contact phone number(s) both office and cell if available: 210-123-4567
* Contact email address: ex. contact@saws.org
* Brief project description:

**Evaluation Criteria Form *(continued)***

**Team Capability and Project Understanding (Continued)**

1. Provide two (2) examples of postcards and two (2) examples of door hangers or comparable deliverables that demonstrate your firm’s experience in the scope of services outlined in this RFP. **Examples should be provided from the list of references provided above.**

**Evaluation Criteria Form *(continued)***

**Plan for Performance of Scope**

1. Provide turnaround time for deliverables requested per the scope of services. Confirm that turnaround time from receipt of mailing list to mailing of postcards is within three (3) business days and will not exceed five (5) business days. In-house mail processing is preferred.

**Evaluation Criteria Form *(continued)***

**Plan for Performance of Scope *(continued)***

b. Provide plan for meeting the scope of work with the current economy issues to include, but not limited to; paper shortage, escalation in price for goods, and staffing issues. Please provide a detailed plan to address each of the issues noted here.

**Evaluation Criteria Form *(continued)***

**Compensation Proposal**

Attach the completed Compensation Proposal for your organization, as supplied in this RFP as Attachment 1.

**ATTACHMENT 1**

**COMPENSATION PROPOSAL**

Project Name: **Printing and Mailing Services for the ConnectH2O Program RFP**

Firm Name:

Respondents shall only submit pricing as requested in the Scope of Services and as requested on this Attachment 1. No other forms of Compensation Proposals shall be submitted with the Proposal. Item #1 below is required pricing per Scope of Services that must be submitted with your Proposal. Item #2 below is optional alternate pricing to allow for comparable paper being proposed.

1. **BASIC SERVICES (Required)**

Provide the rates to be charged for each of the following items:

|  |  |  |
| --- | --- | --- |
| Description | Price | Unit of Measure |
| 1. 100# dull cover postcard color printing | $ | Per 1,000\* |
| 1. 80# uncoated cover door hanger color printing | $ | Per 1,000\* |
| 1. Data collecting and formatting\*\* | $ | Per 1,000\* |
| 1. Mailing services | $ | monthly |
| 1. Postage for postcards | $ | billed at cost\*\*\* |

1. **ALTERNATE (Optional)**

Provide description for the paper proposed and the rates to be charged for each of the following items:

(Alternate must have comparable specs to original. Paper samples will be required to be provided to SAWS for review within 24 hrs of the Proposal opening.)

|  |  |  |
| --- | --- | --- |
| Description | Price | Unit of Measure |
| 1. \_\_\_\_\_\_\_\_\_ postcard color printing including cost of paper | $ | Per 1,000\* |
| 1. 80# **\_\_\_\_\_\_\_\_\_** cover door hanger color printing including cost of paper | $ | Per 1,000\* |
| 1. Data collecting and formatting\*\* | $ | Per 1,000\* |
| 1. Mailing services | $ | monthly |
| 1. Postage for postcards | $ | billed at cost\*\*\* |

\* Quantity depicted is for review purposes only. Actual compensation shall be based on the actual quantities ordered and delivered. SAWS reserves the right to add or delete items and change quantities depending on SAWS needs.

\*\* Data collecting and formatting is for postcards being printed. Data sets provided to firm will include physical addresses that need to be ink-jetted onto the postcards for reference, in addition to the mailing address.

\*\*\* Based on current USPS presort first-class market rates. <https://www.usps.com/ship/first-class-mail.htm> No mark-ups allowed. Postage should be itemized in billing.

**EXHIBIT A**

**INSURANCE REQUIREMENTS AND PROOF OF INSURABILITY**

Respondent shall submit a copy of a Certificate(s) of Insurance giving evidence of the various lines of Respondent’s commercial insurance coverage currently in force. Respondent should review the SAWS website at the following link: <http://www.saws.org/business_center/contractsol/forms.cfm> for instructions on how to prepare the certificate of insurance.

****

**EXHIBIT B**

**Good Faith Effort Plan for Professional Services SUB-CONSULTING for:**

NOTE: Effective 1/1/17, SMWB points shall only be assessed for consultants and/or sub-consultants who are local and certified by the South Central Texas Regional Certification Agency as SBEs. MBEs and WBEs must (also) have SBE certification).

## NAME OF PROJECT: PRINTING AND MAILING SERVICES FOR THE CONNECTH2O PROGRAM

**SECTION A - PRIME CONTRACTOR INFORMATION**

**Legal Name of Firm, including "doing business as" if applicable:**

**Address of Office to Perform Project Work:**

|  |  |  |
| --- | --- | --- |
| **City:** | **State:** | **Zip Code:** |
| **Telephone:** | **Fax:** |  |

**Contact Person:**

**Email Address:**

**Is your firm Certified as an SMWVB?**

**Yes: No:**

**If "Yes", Certification Agency that granted SMWVB designation:**

**Type/s of Certification:**

**SBE: MBE: VBE: WBE:**

**Prime Contractor's Percentage of Participation: (Ex: 100% is the total value of the contract) %**

### 1. List ALL SUBCONTRACTORS/SUPPLIERS that will be utilized on this project/contract. (SMWB AND Non-SMWB)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Legal Name of Subcontractor/Supplier (including “doing business as”, if applicable).** | **Address of Office Location to Perform Project Work or Provide Supplies:** | **Scope of Work/Supplies to be Performed/Provided by Firm:** | **Estimated Percentage of Participation on this Project:** | **Certification Type & Certification Agency:** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5 |  |  |  |  |  |

SECTION B. – SMWB COMMITMENTS

The SMWB goal on this project is 40%

1. The undersigned proposer has satisfied the requirements of the PROPOSAL specification in the following manner (please check the appropriate space):

The proposer is committed to a minimum of 40 % SMWB utilization on this contract.

The proposer, (if unable to meet the SMWVB goal of 40%), is committed to a minimum of % SMWB utilization on this contract.

(If Contractor is unable to meet the goal, please fill out Section C and submit documentation demonstrating good faith efforts).

1. Name and phone number of person appointed to coordinate and administer the SMWB requirements on this project.

Name:

Title:

Phone Number:

Email Address:

IF THE SMWB GOAL WAS MET, PROCEED TO AFFIRMATION AND SIGN THE GFEP. IF GOAL WAS NOT MET, PROCEED TO SECTION C.

SECTION C – GOOD FAITH EFFORTS (Fill out only if the SMWB goal was not achieved).

1. On a separate sheet of paper, list and attach to this Good Faith Effort Plan written, posted, or published notification to all firms you contacted with sub-consulting/supply opportunities for this project that will not be utilized for the contract by choice of the proposer, Subcontractor, or supplier. Notices to firms contacted by the proposer for specific scopes of work identified for sub-consulting/supply opportunities must be provided to Subcontractor/supplier ***not less than five (5) business days prior to Proposal due date*** . This information is required for all firms that were contacted of sub-consulting/supply opportunities.

### Copies of said notices must be provided to the SMWB Program Manager at the time the response is due. Such notices shall include information on the plans, specifications, and scope of work.

1. Did you attend the pre-submittal conference scheduled for this project? \_\_\_\_\_\_\_Yes \_\_\_\_No
2. List all SMWB listings or directories, Contractor associations, and/or any other associations utilized to solicit SMWB Subcontractors/suppliers:
3. Discuss efforts made to identify elements of the work to be performed by SMWBs in order to increase the likelihood of achieving the goal:
4. Indicate advertisement mediums used for soliciting SMWBs. (Please attach a copy of the advertisement(s):

**AFFIRMATION**

I hereby affirm that the above information is true and complete to the best of my knowledge. I further understand and agree that, this document shall be attached thereto and become a binding part of the contract.

|  |
| --- |
| **Name and Title of Authorized Official:** |
| Name: |
| Title: |
| Signature: |
| Date: |
| **NOTE:** |
| This Good Faith Effort Plan is reviewed by SAWS Contracting Department. For questions and/or clarifications, please contact Marisol V.  Robles, SMWVB Program Manager, at 210-233-3420 or marisol.robles@saws.org. |
| **DEFINITIONS** |
| **Note: To be eligible for participation in the SAWS Small, Minority, Woman, and Veteran-owned Business Program, a firm must have an established place of business in the San Antonio Metropolitan Statistical Area, and must be certified as a Small Business Enterprise (SBE). This includes firms certified as Minority and/or Woman-owned Business Enterprises (MBEs and WBEs). SAWS tracks Veteran-owned Business Enterprises (VBEs) for statistical purposes, but does not award points for VBE participation.** |
| **African American Business Enterprise (AABE):** A business structure that is Certified by the Texas Historically Underutilized Business (HUB) Program or the South Central Texas Regional Certification Agency as being 51% owned, operated and controlled by African American minority group member(s) who are legally residing in or are citizens of the United States. |
| **Local:** A business located in the San Antonio Metropolitan Statistical Area (SAMSA), which includes the counties of Atascosa, Bandera, Bexar, Comal, Frio, Guadalupe, Kendall, Kerr, McMullen, Medina, Uvalde and Wilson. A business’s presence in the SAMSA that consists solely of a P.O. box, a mail drop, or a telephone message center does not count as being local. |
| **Prime Contractor/Contractor:** Any person, firm partnership, corporation, association or joint venture which has been awarded a San Antonio Water System contract. |
| **Subcontractors/Contractor:** Any named person, firm partnership, corporation, association or joint venture identified as providing work, labor, services, supplies, equipment, materials or any combination of the foregoing under contract with a prime consultant/Contractor on a San Antonio Water System contract. |
| **Small, Minority, and Woman-owned Business (SMWB):** All business structures Certified by the Texas Historically Underutilized Business (HUB) Program or the South Central Texas Regional Certification Agency that are 51% owned, operated, and controlled by a Small Business Enterprise, a Minority Business Enterprise, or a Woman-owned Business Enterprise. |
| **Small Business Enterprise (SBE):** A business structure that is Certified by the South Central Texas Regional Certification Agency as being 51% owned, operated and controlled by someone who is legally residing in or a citizen of the United States, and the business structure meets the U.S. Small Business Administration’s (SBA) size standard for a small business within the appropriate industry category, as determined by the South Central Texas Regional Certification Agency. |
| **Minority Business Enterprise (MBE**): A business structure that is Certified by the Texas Historically Underutilized Business (HUB) Program or the South Central Texas Regional Certification Agency as being 51% owned, operated, and controlled by an ethnic minority group member(s) who is legally residing in or a citizen of the United States. For purposes of the SMWB program, the following are recognized as minority groups: |

|  |
| --- |
| **San Antonio Metropolitan Statistical Area (SAMSA).** Also known as the Relevant Marketplace, the geographic market area from which the prior Disparity Study analyzed contract utilization and availability data for disparity (currently including the counties of Atascosa, Bandera, Bexar, Comal, Frio, Guadalupe, Kendall, Kerr, McMullen, Medina, Uvalde and Wilson). |
| **Woman-owned Business Enterprise (WBE):** A business structure that is Certified by the Texas Historically Underutilized Business (HUB) Program or the South Central Texas Regional Certification Agency as being 51% owned, operated and controlled by a woman or women who are legally residing in or citizens of the United States. |
| **Veteran-Owned Business Enterprise (VBE):** A business structure that is certified by the South Central Texas Regional Certification Agency, and is at least 51% owned, operated and controlled by an individual who served in the United States Armed Forces, and who was discharged or released under conditions other than dishonorable. Please note: This certification type should not be confused with the Service Disabled Veteran designation available through the Small Business Administration. |
| **Web Submittal of Subcontractor/Supplier Payment Reports:**  The Contractor will be required to electronically report the actual payments to all Subcontractors and suppliers utilizing the Subcontractor Payment and Utilization Reporting (S.P.U.R.) System, beginning with the first SAWS payment for services under the contract, and with every payment thereafter (for the duration of the contract). Electronic submittal of monthly Subcontractor payment information will be accessed through a link on SAWS’ “Business Center” web page. This information will be utilized for Subcontractor participation tracking purposes. Any unjustified failure to comply with the committed SMWB levels may be considered breach of contract.  The Contractor and all Subcontractors will be provided a unique log-in credential and password to access the SAWS Subcontractor payment reporting system. The link may also be accessed through the following internet address: <https://saws.smwbe.com/> |

**CONFLICT OF INTEREST QUESTIONNAIRE**

**For vendor doing business with local governmental entity**

**FORM CIQ**

**This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.**

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

**OFFICE USE ONLY**

Date Received

**1 Name of vendor who has a business relationship with local governmental entity.**

**2**

**Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated

completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

1. **Name of local government officer about whom the information is being disclosed.**

Name of Officer

1. **Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**
   1. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

* 1. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

1. **Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

**6**

Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**

Signature of vendor doing business with the governmental entity Date

**CONFLICT OF INTEREST QUESTIONNAIRE**

**For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/> Docs/LG/htm/LG.176.htm. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

1. a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
2. a transaction conducted at a price and subject to terms available to the public; or
3. a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

* 1. A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

* + 1. the vendor:
       1. has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds $2,500 during the 12-month period preceding the date that the officer becomes aware that
          1. a contract between the local governmental entity and vendor has been executed; or
          2. the local governmental entity is considering entering into a contract with the vendor;
       2. has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than $100 in the 12-month period preceding the date the officer becomes aware that:
          1. a contract between the local governmental entity and vendor has been executed; or
          2. the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

1. A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:
   1. has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
   2. has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
   3. has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

1. the date that the vendor:
   1. begins discussions or negotiations to enter into a contract with the local governmental entity; or
   2. submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or
2. the date the vendor becomes aware:
   1. of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
   2. that the vendor has given one or more gifts described by Subsection (a); or
   3. of a family relationship with a local government officer.

Form provided by Texas Ethics Commission [www.ethics.state.tx.us](http://www.ethics.state.tx.us) Revised 11/30/2015