

Item	Description	Cost
Software Cost	Includes Server __ workstations and the following modules:	
Project Management	All project management services for full implementation	
Installation of the software	__ days onsite, includes all travel and living expenses	
Training	__ days onsite, includes all travel and living expenses	
<b>Additional Costs/Services</b>		
Data Conversion	Conversion of the following data tables:	
Customized Services		
Report Writer Training	Training for __ people	
Optional Modules	Please itemize (use additional sheets as necessary)	
Additional costs	Please itemize additional costs for full implementation	

**Total Maintenance and Support Costs (TAB 8-B)**

These costs are for Year 1 upon installation through Year 6.

Year 1	Included in software cost
Year 2	\$
Year 3	\$
Year 4	\$
Year 5	\$
Total	\$

# SUBMITTAL RESPONSE CHECKLIST

Project 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
- Project Plan
- Proposed Product Solution Description and Detail of Functionality
- Detail of Functionality & Features In Context with Requirements
- Specification Checklist (Downloadable Appendix 1)
- Proposal Pricing in separate sealed envelope (ONLY ONE COPY)
- Exhibit "A" – Copy of Current Certificate of Liability Insurance and Respondent's commitment letter to provide the lines of insurance coverage required.
- Exhibit "B" – Good Faith Effort Plan
- Exhibit "C" – Conflict of Interest Questionnaire
- Exhibit "D" – Texas Public Information Act Requirements and Release Form

\*Note: Appendix "1" General, Technical Requirements Shall be both printed and provided on CD-ROM submittal)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title



**Exhibit "C"**  
**RESPONDENT QUESTIONNAIRE**

**PROJECT NAME:** \_\_\_\_\_

**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. Sub-contractors 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. **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. Identify the principal contact person authorized to commit the Respondent to a contractual agreement.

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

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

Yes  No

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

Yes  No  If "Yes", list authorizations/licenses.

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

6. **Affirmative Action** - Respondent agrees to adhere to the EEO requirements contained in the RFCSP section IV, sub-section "C." paragraph 10.a

Yes  No  If "No", state reason.

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7. **Debarment/Suspension Information:** Has the Respondent or any of its principals been debarred or suspended from contracting with any public entity?

Yes  No  If "Yes", identify the public entity and the name and current phone number of a representative of the public entity familiar with the debarment or suspension, and state the reason for or circumstances surrounding the debarment or suspension, including but not limited to the period of time for such debarment or suspension.

8. **Bankruptcy Information:** Has the Respondent ever been declared bankrupt or filed for protection from creditors under state or federal proceedings?

Yes  No  If "Yes", state the date, court, jurisdiction, cause number, amount of liabilities and amount of assets.

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9. Provide any other names under which Respondent has operated within the last 10 years.
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10. **Litigation Disclosure:** Respond to each of the questions below by checking the appropriate box. Failure to fully and truthfully disclose the information required in the Litigation Disclosure questions may result in the disqualification of your proposal from consideration or termination of the contract, once awarded.

- a. Have you or any member of your Firm or Team to be assigned to this project ever been indicted or convicted of a felony or misdemeanor greater than a Class C in the last five (5) years?

Yes  No

- b. Have you or any member of your Firm or Team to be assigned to this project been terminated (for cause or otherwise) from any work being performed for the San Antonio Water System or any other Federal, State or Local Government, or Private Entity?

Yes  No

- c. Have you or any member of your Firm or Team to be assigned to this project been involved in any claim or litigation with the San Antonio Water System or any other Federal, State or Local Government, or Private Entity during the last ten (10) years?

Yes  No

If you have answered "Yes" to any of the above questions, please indicate the name(s) of the person(s), the nature, and the status and/or outcome of the information, indictment, conviction, termination, claim or litigation, as applicable. Any such information should be provided on a separate page, attached to this form and submitted with your proposal.

**11. 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 RFCSP, 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

- 12. 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 consultants or sub-consultants if requested by SAWS.

Yes  No

- 13. Contract Terms and Conditions:** Respondent acknowledges having read the contract attached to this RFCSP. By responding to this RFCSP, 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.

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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.

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Signature

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Date

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Printed Name

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Title



EXHIBIT "B"

**GOOD FAITH EFFORT PLAN FOR  
PROFESSIONAL AND OTHER CONSULTING SERVICES  
SUB-CONTRACTS**

FOR

NAME OF PROJECT: \_\_\_\_\_

**SECTION A - PROPOSER INFORMATION:**

Name of Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Is your firm Certified: Yes \_\_\_\_\_ No: \_\_\_\_\_ If certified, Certification Number: \_\_\_\_\_

Type of Certification: \_\_\_\_\_ SBE \_\_\_\_\_ WBE \_\_\_\_\_ MBE

Prime's Percent Participation on this Project \_\_\_\_\_ %

1. List ALL SUBCONTRACTORS/SUPPLIERS that will be utilized on this project/contract.

Name & Address of Company	Scope of Work/Supplies to be Performed/Provided by Firm	% Level of Participation on this Project	If Firm is Certified, Provide Certification Number and attach copy of Certification Affidavit
1.			
2.			
3.			
4.			

**SECTION B. – SMWB COMMITMENTS**

The SMWB goal on this project is 25 %

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

The proposer is committed to a minimum of 25% SMWB utilization on this contract.

The proposer, (if unable to meet the SMWB goal of 25%), is committed to a minimum of \_\_\_\_\_% SMWB utilization on this contract. *(If contractor/consultant is unable to meet the goal, please fill out Section C and submit documentation demonstrating good faith efforts).*

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

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

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**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. List all firms you contacted with subcontracting/supply opportunities for this project that will not be utilized for the contract by choice of the proposer, subcontractor, or supplier. Written notices to firms contacted by the proposer for specific scopes of work identified for subcontracting/supply opportunities must be provided to subcontractor/supplier not less than five (5) business days prior to bid/proposal due date. The following information is required for all firms that were contacted for subcontracting/supply opportunities.

Name & Address of Company	Scope of Work/Supplies to be Performed/Provided by Firm	Is Firm SMWB Certified?	Date Written Notice was Sent & Method (Fax, Letter, E-Mail, etc.)	Reason Agreement was not reached?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

(Use additional sheets as needed)

In order to verify a proposer's good faith efforts, please provide to SAWS copies of the written notices to all firms contacted by the proposer for specific scopes of work identified in relation to the subcontracting/supply opportunities in the above named project. Copies of said notices must be provided to the SMWB Program Manager within five (5) business days after the response is due. Such notices shall include information on the plans, specifications, and scope of work.

2. Did you attend the pre-proposal conference scheduled for this project? \_\_\_\_ Yes \_\_\_\_ No

3. List all SMWB listings or directories, contractor associations, and/or any other associations utilized to solicit SMWB Subcontractors/suppliers.

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4. Discuss efforts made to define additional elements of the work proposed to be performed by SMWBs in order to increase the likelihood of achieving the goal:

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5. Indicate advertisement mediums used for soliciting bids from SMWBs. (Please attach a copy of the advertisement(s):

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**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, SMWB Manager at 210-233-3420. If the SMWB goal was not met, the SMWB Program Manager will evaluate the "good faith efforts" of the respondent.

# CONFLICT OF INTEREST QUESTIONNAIRE

# FORM CIQ

For vendor or other person doing business with local governmental entity

**This questionnaire reflects changes made to the law by H.B. 1491, 80<sup>th</sup> Leg., Regular Session.**

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person 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 7<sup>th</sup> business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Governmental Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government code. An offense under this section is a Class C misdemeanor.

## OFFICE USE ONLY

Date Received

### 1. Name of person doing business 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 7<sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

### 3. Name of local government officer with whom filer has employment or business relationship.

\_\_\_\_\_  
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or business relationship as defined by Section 176.001 (1-a), Local Government Code.. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes       No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes       No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes       No

D. Describe each employment or business relationship with the local government officer named in this section.

4.

\_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date

**Exhibit "D"**

**ACKNOWLEDGEMENT OF TEXAS PUBLIC INFORMATION ACT REQUIREMENTS AND  
RELEASE FORM**

All responses to this RFCSP will be considered public information pursuant to the terms of the Texas Public Information Act in Chapter 554 of the Texas Government Code (the "Act"). By submitting a response to this RFCSP, Respondents expressly waive any exceptions to disclosure to which it may be entitled under the Act, including, without limitation, a claim that any material submitted in response to this solicitation is proprietary or is a trade secret or otherwise confidential under the Act or otherwise.

I acknowledge the aforementioned statement and understand that my proposal is subject to being made available to requestors of public information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date