# Attachment I: MOHCD 5-year Strategic Planning Process

# Coversheet Template

**Part I - Proposer Information**

|  |  |
| --- | --- |
| Name of Firm: |  |
|  |  |
| Headquarter Address: |  |
|  |  |
| Phone No.: |  |
|  |  |
| Toll Free Phone No.: |  |
|  |  |
| Contact Name & Title: |  |
|  |  |
| E-mail: |  |
|  |  |
| SF Supplier ID: |  |
|  |  |
| Federal Tax ID: |  |
|  |  |
| Payment Terms: |  |
|  |  |
| Person Preparing Bid: |  |
|  |  |
| Local Representative Name and Number: |  |
|  |  |
|  |  |
|  |  |
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**Main Point of Contact:**

|  |  |  |
| --- | --- | --- |
| * 1. Telephone: |  |  |
| * 1. Fax: |  |  |
| * 1. Email: |  |  |

**Part II - Proposer Questionnaire**

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| --- | --- | --- |
| **Question** | **Yes** | **No** |
| 1. **Have you registered as a Bidder or Supplier, through the Supplier Portal** ([*https://sfcitypartner.sfgov.org/*](https://sfcitypartner.sfgov.org/?))?   If yes, what is your Bidder ID or Supplier ID? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. **Has your company enrolled with Paymode-X to receive electronic payments from the City?**   <https://www.paymode.com/city_countyofsanfrancisco> |  |  |
| 1. **Have you registered your business with the San Francisco Treasurer & Tax Collector as required prior to submission of any Proposal?**   *Enter your Business Tax Registration ID here*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 1. **Are you claiming SBE preference on this solicitation per Chapter 14B?**   Note: To claim SBE preference for this solicitation, you must be certified in the following SBE certification categories by the Proposal Due Date:  SBE /LBE San Francisco CMD LBE Certification Program  t SBE State of California, General Services SBE Program  DBE California Unified Certification Program (CUCP) DBE Program |  |  |
| 1. **Have you submitted with your Proposal all the Minimum Qualification Statement outlined in the accompanying solicitation document?**   If you reply NO to any document, please explain. |  |  |
| 1. **Have you submitted with your Proposal a Fee Proposal that complies with the requirements of the accompanying solicitation document?**   If you reply NO to any document, please explain. |  |  |
| 1. **Have you submitted with your Proposal, the Proposal Approach and Scope of Work that complies with the requirements of the accompanying solicitation document?**   If you reply NO to any document, please explain. |  |  |
| 1. **Have you submitted with your Proposal all the Required Supporting Documentation outlined in the accompanying solicitation document?**   If you reply NO to any document, please explain. |  |  |

**Part III**

**Proposer References**

All proposers, including current Contractor, must provide references for at least three (3) organizations of the approximate size and volume comparable to commodities and/or services described in this Solicitation. Upon request, successful proposer(s) may also be required to submit a letter of reference from each reference listed within five (5) days of notification. Failure to do so may result in rejection of proposal.

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| --- | --- | --- |
| **1.** | Name of Company |  |
|  |  |  |
|  | Address (street, city, state, zip) |  |
|  |  |  |
|  | Contact Name |  |
|  |  |  |
|  | Phone No. |  |
|  |  |  |
|  | Email |  |
|  |  |  |
|  | Number of Years Providing Service |  |
|  |  |  |
| **2.** | Name of Company |  |
|  |  |  |
|  | Address (street, city, state, zip) |  |
|  |  |  |
|  | Contact Name |  |
|  |  |  |
|  | Phone No. |  |
|  |  |  |
|  | Email |  |
|  |  |  |
|  | Number of Years Providing Service |  |
|  |  |  |
| **3.** | Name of Company |  |
|  |  |  |
|  | Address (street, city, state, zip) |  |
|  |  |  |
|  | Contact Name |  |
|  |  |  |
|  | Phone No. |  |
|  |  |  |
|  | Email |  |
|  |  |  |
|  | Number of Years Providing Service |  |
|  |  |  |

**Part IV**

**Proposer Release of Liability for References**

The undersigned hereby fully and forever release, exonerate, discharge and covenant not to sue the City, its commissions and boards, officers and employees, and all individuals, entities and firms providing information, comments, or conclusions ("Reference Information") in response to inquiries that the City may make regarding the qualifications or experience of a Prime proposer, proposed joint venture partner, proposed subconsultant or proposed key/lead team member in connection with the selection process for **MOHCD 5-year Strategic Planning Process** from and for any and all claims, causes of action, demands, damages, and any and all liabilities of any kind or description, in law, equity, or otherwise arising out of the provision of said Reference Information. This Release and Waiver is freely given and will be applicable whether or not the responses by said individuals, entities or firms are accurate or not, or made willfully or negligently.

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|  |

Company Name

|  |  |  |
| --- | --- | --- |
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Signature of Authorized Representative of Company Date

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| --- |
|  |

Print Name and Title

**Part V.**

**Proposer Certification of Truth, Accuracy, and Completeness**

I certify that based on information and belief formed after reasonable inquiry, the statements and information contained in this document are true, accurate, and complete.

|  |
| --- |
|  |

Company Name

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of Authorized Representative of Company Date

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| --- |
|  |

Print Name and Title