OFFER AND AWARD

ARIZONA DEPARTMENT OF EDUCATION
Procurement Section
1535 West Jefferson Street, Bin #37
Phoenix, Arizona 85007

SOLICITATION NO. RFP NO. ED09-0004

OFFER

The Undersigned hereby offers and agrees to furnish the service(s) in compliance with all the terms, conditions, specifications and amendments in the solicitation.

The Undersigned additionally certifies that the offeror does not have scrutinized business operations in either the Sudan (A.R.S. § 35-391) or Iran (A.R.S. § 35-393).

Company Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number: _____

Name of Person Authorized to Sign Offer _____

Title of Authorized Person _____

Signature of Authorized Person _____ Date of Offer _____

Facsimile Number: _____

Offeror's Arizona Transaction (Sales) Privilege Tax License Number: _____

Offeror's Federal Employer Identification Number: _____

Acknowledgement of Amendment(s):
(Offeror acknowledges receipt of amendment(s) to the Solicitation for Offers and related documents numbered and dated

Amendment No.	Date	Amendment No.	Date

ACCEPTANCE OF OFFER AND CONTRACT AWARD

(For State of Arizona Use Only)

Your Offer, dated _____, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the solicitation and your Offer, as accepted by the State.

This Contract shall henceforth be referred to as Contract Number **ED09-0004**.

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this contract until you receive an executed purchase order, contract release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _____ day of _____ 2009

_____
Douglas C. Peeples, MBA, CPPB, CPCM
Chief Procurement Officer

ATTACHMENT 6.1

PRICES/DELIVERY SCHEDULE

SOLICITATION No. ED09-0004

Offeror's shall provide their firm-fixed-price offers for providing the items and services specified in the scope of work. These prices are inclusive of all expenses including travel. These prices are subject to paragraph 7 of the Special Terms and Conditions. Enter the total from the following worksheets from all components which you are submitting an offer. The Total Offer shall be the sum of all components minus any overlapping costs that would occur if awarded both components of the RFP. Any resulting purchases will be based on the offeror's submitted per student price for individual components, if applicable.

	Component A	Component B	Total Offer
Year 1	$_____	$_____	$_____

Hourly rate for custom reports _____
Hourly rate for ancillary/custom services _____

	Component A	Component B	Total Offer
Year 2	$_____	$_____	$_____

Hourly rate for custom reports _____
Hourly rate for ancillary/custom services _____

	Component A	Component B	Total Offer
Year 3	$_____	$_____	$_____

Hourly rate for custom reports _____
Hourly rate for ancillary/custom services _____

	Component A	Component B	Total Offer
Year 4	$_____	$_____	$_____

Hourly rate for custom reports _____
Hourly rate for ancillary/custom services _____

	Component A	Component B	Total Offer
Year 5	$_____	$_____	$_____

Hourly rate for custom reports _____
Hourly rate for ancillary/custom services _____

Subtotal $_____

_____%* Arizona Transaction Privilege Tax, State and City* $_____

Total Offer $_____

If payment is made within _____ calendar days after acceptance of goods and/or services, the above quoted price, excluding sales tax, shall be discounted by _____%. (Refer to Uniform Instructions To Offerors for discount requirements.)

Notice: If the transaction privilege (sales) taxes are not described and itemized on the offer, the State will assume that the price(s) offered includes all applicable taxes.

ATTACHMENT 6.2

OFFEROR'S REFERENCES

SOLICITATION No. ED09-0004

Offeror shall provide a minimum of three (3) professional references who have received services, similar in scope to those required by this RFP, from the Offeror in the past five (5) years.

Company Name:	Contact Name:	
Address:	Phone Number:	
	E-Mail Address:	
Project Name:	Project Beginning Date: _____ (Month/Year)	Project Ending Date: _____ (Month/Year)
Description of Services Provided: (Including Project Size, Complexity, and Offeror's Role)		

Company Name:	Contact Name:	
Address:	Phone Number:	
	E-Mail Address:	
Project Name:	Project Beginning Date: _____ (Month/Year)	Project Ending Date: _____ (Month/Year)
Description of Services Provided: (Including Project Size, Complexity, and Offeror's Role)		

Company Name:	Contact Name:	
Address:	Phone Number:	
	E-Mail Address:	
Project Name:	Project Beginning Date: _____ (Month/Year)	Project Ending Date: _____ (Month/Year)
Description of Services Provided: (Including Project Size, Complexity, and Offeror's Role)		

ATTACHMENT 6.3

OFFEROR'S ORGANIZATION

SOLICITATION No. ED09-0004

INSTRUCTIONS:

Offerors shall complete each item, using attachments where necessary. Attachments shall indicate the item number and heading being referenced as it appears below. Failure to make full and complete disclosure may result in the rejection of offers as unresponsive.

		YES	NO
1.	Administrative Agent		
	Is the Offeror acting as an administrative agent for any other agency, firm, or governmental agency? ***(If* YES*, provide a description of the relationship in both, legal and functional aspects.)***	[]	[]
2.	Civil Rights Compliance Data		
	Has any Federal or State agency ever made a finding of noncompliance with any relevant civil rights requirements with respect to the Offeror's business activities? ***(If* YES*, provide an explanation.)***	[]	[]
3.	Prior Felony Conviction(s)		
	Has the Offeror, its major stockholders with a controlling interest, or its officers been the subject of criminal investigations or prosecutions or convicted of a felony? ***(If* YES*, provide an explanation.)***	[]	[]
4.	Suspension or Exclusion from Federal or State Program(s)		
	Has the Offeror ever been suspended or excluded from any Federal or State Government program for any reason? ***(If* YES*, provide an explanation.)***	[]	[]
5.	Does the Offeror have sufficient funds to meet obligations on time under the contract while awaiting payment from ADE? ***(If* NO*, provide an explanation.)***	[]	[]
6.	Have any licenses ever been denied, revoked or suspended or provisionally issued within the past five (5) years? ***(If* YES*, provide an explanation.)***	[]	[]
7.	Has the Offeror or the Offeror's firm terminated any contracts, had any contracts terminated, or been involved in contract lawsuits? ***(If* YES*, provide an explanation.)***	[]	[]
8.	Does the Offeror, its staff, relatives, or voting members of the Board of Directors maintain any ownership's, employments, public and private affiliations or relationships which may have substantial interest (as defined in A.R.S. 38-502, Conflict of Interest) in any contract, sale, purchase, or service involving ADE? ***(If* YES*, provide a full explanation of the situation.)***	[]	[]

ATTACHMENT 6.3

OFFEROR'S ORGANIZATION

SOLICITATION No. ED09-0004

9. Phoenix area address and telephone number, if different than provided on the Offer and Award Form:

_____
(Street Number)

_____
(City and State) (Zip Code)

_____
(Telephone Number) (Fax Number)

10. Provide an overview of your firm that includes organizational structure, organizational chart, number and location of offices and the number of employees at each office location. Also indicate the extent and type of involvement of each office listed. Identify the office location from which a majority of the key personnel will be assigned to any resultant contract.

11. If the Offeror's firm is a division or subsidiary of another firm, indicate below the name and address of the parent firm. Also include a description of the working relationship between the Offeror's firm and the parent firm. Specify what impact, if any, this relationship would have on the Offeror's firm's ability to meet the requirements for services described in this Solicitation.

_____
(Firm's Name)

_____
(Street Number)

_____
(City and State) (Zip Code)

12. <u>If other than a government agency</u>

A. When was the Offeror's firm formed? _____

B. If the Offeror's firm is incorporated, provide a list of the names and addresses of the Board of Directors.

ATTACHMENT 6.4

OFFEROR'S CANDIDATE QUALIFICATIONS

SOLICITATION No. ED09-0004

INSTRUCTIONS:

Answer all questions thoroughly. A questionnaire shall be completed for each of the required positions listed in Section 1, paragraph 3.5.4, of the solicitation. A separate resume may be attached as supplemental information, but shall not take the place of answering each question. Answers such as "See attached Resume" will not be accepted. If resumes are included please reference the proposed position on the resume.

Proposed Position **Candidate's Name**

Current Information

Position Currently Held in Firm:	
Years With Firm:	
Years in Current Position:	
Years Experience in Proposed Position's Area:	
Percentage of Candidate's Time Dedicated to Proposed Position:	%

Related Education and Training

College / Technical Schools:

Name/Address	Major	Degree(s) Earned

Professional Affiliations, Licenses, and Certifications:

Professional Affiliation	Years/Months

Licenses	Years/Months

Certifications	Years/Months

ATTACHMENT 6.4

OFFEROR'S CANDIDATE QUALIFICATIONS

SOLICITATION No. ED09-0004

Proposed Position **Candidate's Name**

Provide Candidate's Assessment and Testing Experience

Project Name		
Job Title	**Project Begin Date**	**Project Ending Date**
Duties Performed Related to Proposed Position		
Project Name		
Job Title	**Project Begin Date**	**Project Ending Date**
Duties Performed Related to Proposed Position		
Project Name		
Job Title	**Project Begin Date**	**Project Ending Date**
Duties Performed Related to Proposed Position		

Identify the primary function(s) of the candidate in performing the services required by this solicitation. Indicate the corresponding solicitation page and paragraph number(s) within the description.

ATTACHMENT 6.5

OFFEROR'S FINANCIAL DISCLOSURE

SOLICITAITON No. ED09-0004

INSTRUCTIONS

Complete each item, using attachments where necessary. If attachments are used, indicate the item number and question being referenced as it appears below.

		YES	NO
1.	Are the Offeror's accounting records maintained in accordance with Generally Accepted Accounting Principles (GAAP)?	[]	[]
2.	Does the Offeror have an accounting manual?	[]	[]
3	Does the Offeror's firm prepare a public annual financial statement? ***(If* YES*, provide a copy of the MOST RECENT annual financial statement with proposal.)***	[]	[]
4.	Does the Offeror's firm have interim financial statements prepared? ***(If* YES*, specify how often.)*** _____	[]	[]
5.	Is the Offeror's firm audited by an independent auditor? ***(If* YES*, answer A thru D below.)***	[]	[]
	A. How often are audits conducted? _____		
	B. By whom are they conducted: _____ _____		
	C. Provide a copy of the Offeror's most recent audit report and corresponding financial statements. Include reports of Internal Control and Compliance with Federal/Local regulations, if applicable.		
	D. Does the Offeror's firm have any uncorrected audit exceptions?	[]	[]
6.	Does the Offeror's firm have a formal basis to allocate indirect costs charged to this Contract? ***(If* YES*, submit a copy of the allocation plan with proposal.)***	[]	[]
7.	Are there any suits, judgments, tax deficiencies, or claims pending against the Offeror's firm? ***(If* YES*, answer A and B below.)***	[]	[]
	A. What is the dollar amount? $_____		
	B. In which state(s)? _____		
8.	Has the Offeror's firm ever gone through bankruptcy?	[]	[]

ATTACHMENT 6.6

ARIZONA DEPARTMENT OF ADMINISTRATION
RISK MANAGEMENT SECTION
1818 WEST ADAMS
PHOENIX, ARIZONA 85007
FAX 542-1982

SOLE PROPRIETOR WAIVER

NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS AND UNIVERSITIES UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES. IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR SOLE PROPRIETORS WITH EMPLOYEES, THIS FORM DOES NOT APPLY.

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. § 23-901 (et. seq.), and specifically, A.R.S. § 23-961(L), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

I am a sole proprietor and I am doing business as _____ (name of Sole Proprietors Business). I am performing work as an independent contractor for the State of Arizona, _____ _____, for Workers' Compensation purposes, and therefore, I am not entitled to Workers' Compensation benefits from the State of Arizona, _____.

I understand that if I have any employees working for me, I must maintain Workers' Compensation insurance on them.

Name of Sole Proprietor: _____

Social Security Number: _____Telephone #:_____

Street Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Signature of
Sole Proprietor: Date:

Agency: Arizona Department of Education_____ Agency #:____455_____

Signature of Agency
Contract Administrator: Date:

Both signatures must be signed and the completed form submitted to the State of Arizona, Department of Administration, Risk Management Section, Insurance Unit, 1818 W. Adams, Phoenix, AZ 85007. An authorized Risk Management Representative will sign and return to the agency to be maintained in their records.

_____

Signature of Risk Management Authorized Signer Date

ATTACHMENT 6.7

OFFEROR'S CHECKLIST
SOLICITAITON No. ED09-0004

Instructions: Offerors must submit the items listed below. In the column titled "Offeror's Page #", the Offeror must enter the appropriate page number(s) from its Proposal where the ADE evaluators may find the Offeror's response to that requirement.

Required Item	Solicitation Reference:	Offeror's Proposal Page #:
1. Offer and Award Form Signed	Page 1	
2. Contract Administration	Section 2, Paragraph 31	
2. Offeror's Prices	Attachment 6.1	
3. Offeror's References	Attachment 6.2	
4. Offeror's Organization	Attachment 6.3	
5. Offeror's Personnel Qualifications	Attachment 6.4	
6. Offeror's Financial Disclosure	Attachment 6.5	
7. Sole Proprietor Certificate Waiver (if necessary)	Attachment 6.6	
8. Offeror's Checklist	Attachment 6.7	

EXHIBIT 7.1

CERTIFICATE OF INSURANCE

CONTRACT NO. ED09-0004

VENDOR:

ARIZONA DEPARTMENT OF EDUCATION
PROCUREMENT SECTION
1535 WEST JEFFERSON, Bin 37
PHOENIX, ARIZONA 85007
(602) 542-6537

Prior to commencing services under this Contract, the Contractor must furnish the State, certification from insurer(s) for coverages in the minimum amounts as stated below. The coverages shall be maintained in full force and effect during the term of this Contract and shall not serve to limit any liabilities or any other Contractor obligations.

Name and Address of Insurance Agency::	Company Letter	Companies Affording Coverage:
	A	
	B	
Name and Address of Insured:	**C**	
	D	

LIMITS OF LIABILITY MINIMUM - EACH OCCURRENCE		COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	DATE POLICY EXPIRES
Bodily Injury			Comprehensive General Liability Form		
Per Person	$1,000,000.00		Premises Operations		
Each Occurrence	$2,000,000.00		Contractual		
Property Damage	$1,000,000.00		Independent Contractors		
OR	_____		Products/Completed Operations Hazard		
Bodily Injury			Personal Injury		
and	$1,000,000.00		Broad Form Property Damage		
Property Damage			Explosion & Collapse (If Applicable)		
Combined			Underground Hazard (If Applicable)		
Same as Above			Comprehensive Auto Liability Including Non-Owned (If Applicable)		
Necessary if underlying is not above minimum			Umbrella Liability		
Statutory Limits	$100,000.00		Workmen's Compensation and Employer's Liability		
			Other		

State of Arizona and the Department named above are added as additional insureds as required by statute, contract, purchase order, or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available.

It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the State without thirty (30) days written notice to the State. This Certificate is not valid unless countersigned by an authorized representative of the insurance company.

Name and Address of Certificate Holder:

Date Issued: _____

_____
Authorized Representative