

OFFEROR'S CHECKLIST

NOTE: These items are the criteria on which your proposal will be evaluated.

Please make sure that the following items are included with your submittal:

- Submittal Form **(Required)**
- Non-Collusion Oath **(Required)**
- Documentation of Insurance Coverage **(Required)**
- Copy of Contractor's License (If applicable)
- Acknowledgment of Addenda (If applicable)
- Minority/Women Owned Business Certification (Preferred but not required)

NOTE: IN ADDITION TO THE ABOVE, THE FOLLOWING ITEMS MUST ALSO BE INCLUDED/ADDRESSED IN YOUR SUBMITTAL:

- Organization Information **(Required)**
- Personnel List (i.e. names and qualifications of persons to be used in this engagement) **(Required)**
- Past experience and record (or reputation) **(Required)**
- All Inclusive Cost **(Required)**

You do not have to submit the Offeror's Checklist. This list is included for your convenience. However, all required information must be provided.

Failure to submit the required items may deem your submittal to be non-responsive.

SUBMITTAL FORM
Offeror to complete all blanks

DATE: _____, 2015

ORGANIZATIONAL INFORMATION

NAME OF OFFEROR: _____

BUSINESS ADDRESS: _____

BY SUBMITTING HIS PROPOSAL, THE UNDERSIGNED OFFEROR REPRESENTS:

1. that he has carefully examined specifications for the Services;
2. that he is familiar with all the conditions surrounding the performance of the Services;
3. that, if awarded the Contract, he will provide all labor, material, supplies and equipment necessary to execute the Services in accordance with the Contract Documents;
4. that he understands that the Town reserves the right to reject any or all responses which does not meet the proposal requirements, or all proposals in the event that the Project is canceled, postponed, or if it is in the best interest of Town of Kiawah Island;
5. that, if awarded the Contract, he will enter and execute a contract as required in the Request for Proposals (RFP);
6. that the Offeror is legally able to enter into and perform a contract, if awarded;
7. that the Offeror is current on all taxes and fees owed to the Town.
8. that the Offeror has provided proof of insurance as required by the Town.

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I. PERSONNEL:

Provide a list of personnel that will be committed to this engagement and their job function. Include pertinent skills, education, training and experience.

II. EXPERIENCE:

At least three (3) references for similar work performed are required; however, you may provide as many as five (5) references.

1. COMPANY NAME: _____
Contract Title: _____
Contract Period: From _____ To _____
Geographic Area Served: _____
Scope of Work: _____
Contracting Office: _____
Contact Name: _____
Title: _____
Address: _____
City: _____ State: _____
Telephone: _____
Email: _____

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II. EXPERIENCE (Continued):

2. COMPANY NAME: _____
Contract Title: _____
Contract Period: From _____ To _____
Geographic Area Served: _____
Scope of Work: _____
Contracting Office: _____
Contact Name: _____
Title: _____
Address: _____
City: _____ State: _____
Telephone: _____
Email: _____

3. COMPANY NAME: _____
Contract Title: _____
Contract Period: From _____ To _____
Geographic Area Served: _____
Scope of Work: _____
Contracting Office: _____
Contact Name: _____
Title: _____
Address: _____
City: _____ State: _____
Telephone: _____
Email: _____

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TOWN OF KIAWAH ISLAND TAXES:

Please note that the Purchasing Department is required to verify that all taxes have been paid to the County. If you owe delinquent taxes your submittal may be disqualified from consideration. If you wish to inquire as to your tax status you may contact the Charleston County Delinquent Tax Office at (843) 958-4570.

BUSINESS LICENSE:

The Offeror is not required to have valid business licenses to submit a Proposal. However, Offeror's must possess a valid Business License for business undertaken within the corporate limits of the Town of Kiawah Island.

Does your business have a valid **Town of Kiawah Island** Business License?

Yes No If yes, list the number _____. Contact (843) 768-9166 with any questions. If no, a business license must be obtained upon award of the contract.

Does your business have a valid **Charleston County** Business License?

Yes No If yes, list the number _____. Contact (843) 958-4880 with any questions. If no, a business license must be obtained upon award of the contract.

Insurance:

Contractor shall carry and maintain Worker's Compensation Insurance in statutory amounts for its employees, unless exempt by State statute. Contractor shall provide Town with certification of this coverage, or if exempt, written confirmation of this.

Contractor shall carry a Comprehensive Liability Policy of at least One Hundred Thousand (\$100,000) Dollars per occurrence (combined single limit of liability) to cover operations equipment and contractual liability. Contractor shall provide Town with a copy of the policy which shall name the Town as an additional insured.

Contractor shall defend, indemnify, and hold harmless the Town, its elected officials and employees from and against any and all actions, costs, claims, losses, expenses and/or damages arising out of performance of the working contractor.

MINORITY/WOMEN-OWNED ENTERPRISE:

Are you a Minority or Woman-Owned business? Yes No

If so, are you certified? Yes No

If you are certified, you must furnish a copy of your certificate with your submittal.

NON-COLLUSION OATH

COUNTY OF: _____

STATE OF: _____

Before me, the Undersigned, a Notary Public, for and in the County and State aforesaid, personally appeared _____ and made oath that the Offeror herein, his agents, servants, and/or employees, to the best of his knowledge and belief, have not in any way colluded with anyone for and on behalf of the Offeror, or themselves, to obtain information that would give the Offeror an unfair advantage over others, nor have they colluded with anyone for and on behalf of the Offeror, or themselves, to gain any favoritism in the award of the contract herein.

SWORN TO BEFORE ME THIS
_____ DAY OF _____, 2015

Offeror's Name

Authorized Signature for Offeror

NOTARY PUBLIC FOR THE
STATE OF _____

Title

My Commission Expires: _____

Please print Offeror's name and address:

Print Name: _____

(Note: Notary seal required for foreign Offeror)

