ATTACHMENT B – AFFIDAVIT OF TRADE SECRET

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Affiant), being first duly sworn under oath, and representing [insert Proposer Name] (hereafter “Proposer”), hereby deposes and swears or affirms under penalty of perjury that:

1. I am an employee of the Proposer, I have knowledge of the Request for Proposals referenced herein, and I have full authority from the Proposer to submit this affidavit and accept the responsibilities stated herein.
2. I am aware that the Proposer has submitted a Proposal, dated on or about [insert date] (the “Proposal”), to the State of Oregon (State) in response to Request for Proposals [insert number], for [insert brief description of the goods and/or services sought in the RFP] and I am familiar with the contents of the RFP and Proposal.
3. I have read and am familiar with the provisions of Oregon’s Public Records Law, Oregon Revised Statutes (“ORS”) 192.410 through 192.505, and the Uniform Trade Secrets Act as adopted by the State of Oregon, which is set forth in ORS 646.461 through ORS 646.475. I understand that the Proposal is a public record held by a public body and is subject to disclosure under the Oregon Public Records Law unless specifically exempt from disclosure under that law.
4. I have reviewed the information contained in the Proposal. The Proposer believes the information listed in Exhibit A is exempt from public disclosure (collectively, the “Exempt Information”), which is incorporated herein by this reference. It is my opinion that the Exempt Information constitutes “Trade Secrets” under either the Oregon Public Records Law or the Uniform Trade Secrets Act as adopted in Oregon because that information is either:
   1. A formula, plan, pattern, process, tool, mechanism, compound, procedure, production data, or compilation of information that:
      1. is not patented,
      2. is known only to certain individuals within the Proposer’s organization and that is used in a business the Proposer conducts,
      3. has actual or potential commercial value, and
      4. gives its user an opportunity to obtain a business advantage over competitors who do not know or use it.

or

* 1. Information, including a drawing, cost data, customer list, formula, pattern, compilation, program, device, method, technique or process that:
     1. Derives independent economic value, actual or potential, from not being generally known to the public or to other persons who can obtain economic value from its disclosure or use; and
     2. Is the subject of efforts by the Proposer that are reasonable under the circumstances to maintain its secrecy.

1. I understand that disclosure of the information referenced in Exhibit A may depend on official or judicial determinations made in accordance with the Public Records Law.

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

Affiant’s Signature

State of \_\_\_\_\_\_\_\_\_\_\_)

) ss:

County of \_\_\_\_\_\_\_\_)

Signed and sworn to before me on \_\_\_\_\_\_\_\_\_\_\_ (date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Affiant’s name).

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

Notary Public for the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_

Proposer identifies the following information as exempt from public disclosure:

ATTACHMENT C — PROPOSER INFORMATION AND CERTIFICATION SHEET

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name of Proposer: | | |  | | | | |
| Address: |  | | | | | City, State, Zip: | | |  | | | | |
| State of Incorporation: | | |  | | | | | Entity Type: | |  | | | | |
| Contact Name: | |  | | Telephone: | | |  | | | | Email: |  | | |
| Oregon Business Registry Number (if required): | | | | |  | | | | | | | |

Any individual signing below hereby certifies they are an authorized representative of Proposer and that:

1. Proposer understands and accepts the requirements of this RFP. By submitting a Proposal, Proposer agrees to be bound by the Contract terms and conditions in Attachment A and as modified by any Addenda, except for those terms and conditions that Agency has reserved for negotiation, as identified in the RFP.
2. Proposer acknowledges receipt of any and all Addenda to this RFP.
3. Proposal is a Firm Offer for 180 days following the Closing.
4. If awarded a Contract, Proposer agrees to perform the scope of work and meet the performance standards set forth in the final negotiated scope of work of the Contract.
5. I have knowledge regarding Proposer’s payment of taxes and by signing below I hereby certify that, to the best of my knowledge, Proposer is not in violation of any tax laws of the state or a political subdivision of the state, including, without limitation, ORS 305.620 and ORS chapters 316, 317 and 318.
6. Proposer does not discriminate in its employment practices with regard to race, color or ethnicity, gender (including actual or perceived gender identity), marital status, creed, age, religious affiliation, disability, sexual orientation, national origin. When awarding subcontracts, Proposer does not discriminate against any business certified under ORS 200.055 as a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business. If applicable, Proposer has, or will have prior to contract execution, a written policy and practice, that meets the requirements described in ORS 279A.112 (formerly HB 3060), of preventing sexual harassment, sexual assault and discrimination against employees who are members of a protected class. Agency may not enter into a contract with an anticipated contract price of $150,000 or more with a Proposer that does not certify it has such a policy and practice. See <https://www.oregon.gov/DAS/Procurement/Pages/hb3060.aspx> for additional information and sample policy template.
7. Proposer and Proposer’s employees, agents, and subcontractors are not included on:
   1. the “Specially Designated Nationals and Blocked Persons” list maintained by the Office of Foreign Assets Control of the United States Department of the Treasury found at: <https://www.treasury.gov/ofac/downloads/sdnlist.pdf>., or
   2. the government wide exclusions lists in the System for Award Management found at: <https://www.sam.gov/portal/>
8. Proposer certifies that, to the best of its knowledge, there exists no actual or potential conflict between the business or economic interests of Proposer, its employees, or its agents, on the one hand, and the business or economic interests of the State, on the other hand, arising out of, or relating in any way to, the subject matter of the RFP. If any changes occur with respect to Proposer’s status regarding conflict of interest, Proposer shall promptly notify the State in writing.
9. Proposer certifies that all contents of the Proposal (including any other forms or documentation, if required under this RFP) and this Proposal Certification Sheet are truthful and accurate and have been prepared independently from all other Proposers, and without collusion, fraud, or other dishonesty.
10. Proposer understands that any statement or representation it makes, in response to this RFP, if determined to be false or fraudulent, a misrepresentation, or inaccurate because of the omission of material information could result in a "claim" {as defined by the Oregon False Claims Act, ORS 180.750(1)}, made under Contract being a "false claim" {ORS 180.750(2)} subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.
11. Proposer acknowledges these certifications are in addition to any certifications required in the Contract and Statement of Work in Attachment A at the time of Contract execution.
12. Proposer acknowledges that if Proposer believes any of its Proposal is exempt from disclosure under Oregon Public Records Law (ORS 192.410 through 192.505), a fully redacted version of its Proposal, clearly identified as the redacted version must be submitted with their Proposal. Proposer further acknowledges that failure to submit a redacted version of the Proposal identifying the portions claimed to be exempt from disclosure, Proposer has waived any future claim of non-disclosure of that information.
13. Proposers acknowledges that in the event the estimated contract value exceeds $500,000 and proposer employs 50 or more full-time workers Proposer must submit to DAS PS a true and correct copy of an unexpired Pay Equity Compliance Certificate, issued to the Proposer by the Oregon Department of Administrative Services. ORS 279B.110(2)(f) requires that Proposer provide this prior to execution of the Price Agreement.

[Additional Requirements for Contracts/Price Agreements using federal funds may be added here]

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 1. Authorized Signature |  | 1. Date |
|  |  |  |
| 1. (Printed Name and Title) |  |  |

ATTACHMENT D - REFERENCE CHECK FORM

|  |  |
| --- | --- |
| **Proposer Reference 1** | |
| Firm Name: |  |
| Address: |  |
| City, State & Zip: |  |
| Contact Person: |  |
| Title: |  |
| Phone: |  |
| E-mail: |  |
| **Proposer Reference 2** | |
| Firm Name: |  |
| Address: |  |
| City, State & Zip: |  |
| Contact Person: |  |
| Title: |  |
| Phone: |  |
| E-mail: |  |
| **Proposer Reference 3** | |
| Firm Name: |  |
| Address: |  |
| City, State & Zip: |  |
| Contact Person: |  |
| Title: |  |
| Phone: |  |
| E-mail: |  |

ATTACHMENT E — COST PROPOSAL FORM

|  |  |
| --- | --- |
| **Phase 1** | |
| August 2018 | $ |
| September 2018 | $ |
| October 2018 | $ |
| November 2018 | $ |
| December 2018 | $ |
| **Phase 1 Total:** | **$** |
|  |  |
| **Phase 2** | |
| October 2018 | $ |
| November 2018 | $ |
| October 2018 | $ |
| November 2018 | $ |
| **Phase 2 Total:** | **$** |
|  |  |
| **Phase 3** | |
| August 2018 | $ |
| September 2018 | $ |
| October 2018 | $ |
| November 2018 | $ |
| December 2018 | $ |
| December 2018 | $ |
| **Phase 1 Total:** | **$** |
|  |  |
| **Phase 4** | |
| September 2018 | $ |
| November 2018 | $ |
| September 2018 | $ |
| November 2018 | $ |
| **Phase 4 Total:** | **$** |
|  |  |
| **Phase 5** | |
| September 2018 | $ |
| November 2018 | $ |
| September 2018 | $ |
| November 2018 | $ |
| **Phase 5 Total:** | **$** |
|  | |
| **Total – All Phases** | |
| **$** | |

ATTACHMENT F – CERTIFIED DISADVANTAGED BUSINESS OUTREACH PLAN

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposer Name:** | |  | | | **Date:** |  | | |
| **Contact Name:** |  | | **Telephone:** |  | | | **Email:** |  |

“Certified Firm” means a small business certified under ORS 200.055 by the Oregon Certification Office for Business Inclusion and Diversity (COBID) as minority-owned businesses, woman-owned businesses, businesses that service-disabled veterans own, and emerging small businesses.

Certified Firms must have an equal opportunity to participate in the performance of contracts financed with state funds. By submitting its offer, Proposer certifies that it has taken, and if there are further opportunities, will take reasonable steps to ensure that Certified Firms are provided an equal opportunity to compete for and participate in the performance of any subcontracts resulting from this procurement.

The information submitted in response to this clause will not be considered in any scored evaluation.

1. **Is Proposer an Oregon certified firm?** Yes No 

If yes, indicate all certification type(s): DBE  MBE WBE  SDV ESB and supply

Oregon State Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Include a list of Certified Firms that Proposer has had a contractual relationship with within the last two years.**
2. **Include a list of firms that Proposer has had a contractual relationship with within the last two years that are not Certified Firms but may be minority-owned, woman-owned, service-disabled veteran-owned or emerging small businesses.**
3. **Does Proposer foresee any subcontracting opportunities for this procurement?** Yes  No

If no, do not complete the rest of this form and submit this first page with your Proposal.

If yes, please complete the following pages and submit all pages with your Proposal.

1. **Describe the steps Proposer will take to solicit Certified Firms for subcontracting opportunities if awarded a contract from this procurement.**
2. **Describe the subcontracting opportunities and the approximate dollar value of each that may be available, if awarded a Contract.**
3. **Would Proposer be willing to report the identity of each subcontractor and the value of each subcontract to COBID if awarded a Contract from this procurement?**

ATTACHMENT G - RESPONSIBILITY INQUIRY

Agency will determine responsibility of a Proposer prior to award and execution of a Contract. In addition to this form, Agency may notify Proposer of other documentation required, which may include but is not limited to recent profit-and-loss history, current balance statements and cash flow information, assets-to-liabilities ratio, including number and amount of secured versus unsecured creditor claims, availability of short and long-term financing, bonding capacity, insurability, credit information, materials and equipment, facility capabilities, personnel information, record of performance under previous contracts, etc. Failure to promptly provide requested information or clearly demonstrate responsibility may result in an Agency finding of non-responsibility and rejection.

1. Does Proposer have available the appropriate financial, material, equipment, facility and personnel resources and expertise, or ability to obtain the resources and expertise, necessary to demonstrate the capability of Proposer to meet all contractual responsibilities? **YES**  **/ NO** **.**
2. Within the last five years, how many contracts of a similar nature has Proposer completed that, to the extent that the costs associated with and time available to perform the contract remained within Proposer′s control, Proposer stayed within the time and budget allotted, and there were no contract claims by any party? Number: \_\_\_\_

How many contracts did not meet those standards? Number: \_\_\_\_ If any, please explain.

Response:

1. Within the last three years has Proposer (incl. a partner or shareholder owning 10% or more of Proposer’s firm) or a major subcontractor (receiving 10% or more of a total contract amount) been criminally or civilly charged, indicted or convicted in connection with:

* obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract,
* violation of federal or state antitrust statutes relating to the submission of bids or Proposals, or
* embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property? **YES  / NO .**

If "YES," indicate the jurisdiction, date of indictment, charge or judgment, and names and summary of charges in the response field below.

Response:

1. Within the last three years, has Proposer had:

* any contracts terminated for default by any government agency, or
* any lawsuits filed against it by creditors or involving contract disputes? **YES  / NO .**

If "YES," please explain. (With regard to judgments, include jurisdiction and date of final judgment or dismissal.)

Response:

1. Does Proposer have any outstanding or pending judgments against it? **YES**  **/ NO** **.**

Is Proposer experiencing financial distress or having difficulty securing financing? **YES  / NO .**

Does Proposer have sufficient cash flow to fund day-to-day operations throughout the proposed contract period? **YES  / NO**

If "YES” on the first question or second question, or “NO” on the third question, please provide additional details.

Response:

1. Within the last three years, has Proposer filed a bankruptcy action, filed for reorganization, made a general assignment of assets for the benefit of creditors, or had an action for insolvency instituted against it? **YES**  **/ NO** .

If "YES," indicate the filing dates, jurisdictions, type of action, ultimate resolution, and dates of judgment or dismissal, if applicable.

Response:

1. Does Proposer have all required licenses, insurance and/or registrations, if any, and is Proposer legally authorized to do business in the State of Oregon? **YES**  **/NO** **.**

If "NO," please explain.

Response:

1. Pay Equity Certificate. This certificate is required if Proposer employs 50 or more full-time workers and the prospective contract price is estimated to exceed $500,000. [This requirement does not apply to architectural, engineering, photogrammetric mapping, transportation planning or land surveying and related services contracts.] Does a current authorized representative of Proposer possess an unexpired Pay Equity Certificate issued by the Department of Administrative Services? **YES**  **/ NO**  **/ N/A** **.**  [If the certificate was provided with the Bid or Proposal submitted for a solicitation related to the prospective contract, then it is not necessary to resubmit it. Just indicate “see Bid” or “see Proposal” in the response field. **Otherwise, if applicable, submit a copy of the certificate with this form.**]

Response:

AUTHORIZED SIGNATURE

By signature below, the undersigned Authorized Representative on behalf of Proposer certifies to the best of his or her knowledge and belief that the responses provided on this form are complete, accurate, and not misleading.

|  |  |
| --- | --- |
| Proposer Name: | RFP:  Project Name: |

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

Authorized Signature Date

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

Print Name Title

ATTACHMENT H – KEY PERSONS

|  |  |
| --- | --- |
| 1. Contractors Key Person # 1 | |
| Name: |  | |
| Title: |  | |
| Phone: |  | |
| E-mail : |  | |
| 2. Contractors Key Person # 2 | | |
| Name: |  | |
| Title: |  | |
| Phone: |  | |
| E-mail : |  | |
| 3. Contractors Key Person | | |
| Name: |  | |
| Title: |  | |
| Phone: |  | |
| E-mail : |  | |
| 4. Contractors Key Person | | |
| Name: |  | |
| Title: |  | |
| Phone: |  | |
| E-mail : |  | |
| 5. Contractors Key Person | | |
| Name: |  | |
| Title: |  | |
| Phone: |  | |
| E-mail : |  | |
| 6. Contractors Key Person | | |
| Name: |  | |
| Title: |  | |
| Phone: |  | |
| E-mail : |  | |

|  |  |
| --- | --- |
| 7. Contractors Key Person | |
| Name: |  | |
| Title: |  | |
| Phone: |  | |
| E-mail : |  | |
| 8. Contractors Key Person | | |
| Name: |  | |
| Title: |  | |
| Phone: |  | |
| E-mail : |  | |
| 9. Contractors Key Person | | |
| Name: |  | |
| Title: |  | |
| Phone: |  | |
| E-mail : |  | |
| 10. Contractors Key Person | | |
| Name: |  | |
| Title: |  | |
| Phone: |  | |
| E-mail : |  | |
| 11. Contractors Key Person | | |
| Name: |  | |
| Title: |  | |
| Phone: |  | |
| E-mail : |  | |
| 12. Contractors Key Person | | |
| Name: |  | |
| Title: |  | |
| Phone: |  | |
| E-mail : |  | |