

RFP #: T202506003
Appendix A - Proposer's General Information Form

1. CONTACT INFORMATION

A. Firm's Name:	B. Firm's Contact (First & Last Name): <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	C. Firm's Contact Title:
D. Firm's Contact E-mail Address:	E. Firm's Contact Office Phone No.:	F. Firm's Contact Cell Phone No.:
G. Firm's Web Address:		H. Firm's President/Managing Officer:

2. CORPORATE INFORMATION

A. Type (select one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Minority Owned <input type="checkbox"/> Woman Owned <input type="checkbox"/> Small Business <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation (State of origin): <input type="checkbox"/> Other:	B. Firm's DUNS Number:	E. Does your firm have an Audited Overhead Report dated within the last two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the date of your most recent Audited Overhead Report?
	C. Firm's Federal EIN:	
	D. Firm's State of Maine Vendor/Customer No.: <input type="checkbox"/> VC OR <input type="checkbox"/> VS	
F. Is your firm a Disadvantaged Business Enterprise (DBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you certified as such by MaineDOT's Civil Rights Office? <input type="checkbox"/> Yes <input type="checkbox"/> No		
G. Is your firm's Corporate Headquarters located in Maine? <input type="checkbox"/> Yes <input type="checkbox"/> No Firm's Corporate Headquarters physical address:		

3. AFFIRMATIVE ACTION

A. Does your firm have a current Equal Employment Opportunity policy and plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	B. Is your firm aware of Equal Employment Opportunity (EEO) responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	C. Is your firm aware of MaineDOT's goals for utilization of DBE firms? <input type="checkbox"/> Yes <input type="checkbox"/> No
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4. CERTIFICATION

By submittal of this form, I certify to the best of my knowledge and belief that the firm, its principals, and all subcontractors (if any) named in the Technical Proposal Submission Package:

- A.** Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.
- B.** Have not, within three years of submitting the proposal for this contract, been convicted of, or had a civil judgment rendered against them for:
 - 1.** Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or contract.
 - 2.** Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification and/or destruction of records, making false statements, or receiving stolen property.
- C.** Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (2) of this certification.
- D.** Have not, within a three-year period preceding this proposal, had one or more Federal, State, or Local government transactions terminated for cause or default.

☐ Check here to agree to the above statement.

By submittal of this form, I certify that I have thoroughly read and understand all information contained in the RFP, including all amendments, addendums, and responses to submitted questions.

☐ Check here to agree to the above statement.

By submittal of this form, I certify that I have reviewed the firm's Technical Proposal Submission Package to ensure all required documents are included.

☐ Check here to agree to agree with the above statement.

By submittal of this form, I certify that all information contained in the firm's Technical Proposal Submission Package are true and accurate and that I am an Authorized Signatory Officer of the Firm.

☐ Check here to agree to the above statement.

By submittal of this form, I certify that the typed name (a) is intended to have the same force as a manual signature, (b) is unique to myself, (c) is capable of verification, (d) is under the sole control of myself, (e) is linked to data in such a manner that it is invalidated if the data are changed. (10 M.R.S.A. §9501 et seq.)

☐ Check here to agree to the above statement.

A. Typed Name of Submitting Authorized Officer:	B. Title:	C. Date: