

Proposer's General Information Form

1. CONTACT INFORMATION*:

a. Firm Name: _____	b. Office Phone No.: _____	c. Cell Phone No.: _____
d. Firm Contact First & Last Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____	e. Title: _____	f. Firm Contact E-mail Address: _____
g. Firm's Web Address: _____	h. Name of 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: _____ c. Firm's Federal EIN: _____ d. Firm's State of Maine Vendor/Customer No.: <input type="checkbox"/> VC _____ OR <input type="checkbox"/> VS _____	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? _____
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		
h. Is your firm's Corporate Headquarters located in Maine? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the address of your Corporate Headquarters: _____		

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 our firms's goals for utilization of DBE firms? <input type="checkbox"/> Yes <input type="checkbox"/> No
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4. DEBARMENT, SUSPENSION, INELIGIBILITY, OR EXCLUSION*:

By submitting to this RFP, I certify to the best of my knowledge and belief that the aforementioned organization, its principals, and any subcontractors named in this proposal:

- 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:
 - i. fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.
 - ii. violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - iii. 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 (b) of this certification; and
 - iv. have not within a three (3) year period preceding this proposal had one or more federal, state or local government transactions terminated for cause or default.

Failure to provide this certification may result in the disqualification of the Bidder's proposal, at the discretion of the Contracting Agency.

5. CERTIFICATION*:

By submittal of this form I certify that this firm has not been debarred, suspended, declared ineligible or voluntarily excluded from contracts by the Federal Government or any State Agency within the last 3 years?

Check Here to Agree

By submittal of this form, I certify that I have reviewed my submittal package to ensure that all of the required documents are included in my submittal.

Check Here to Agree

By submittal of this form, I certify that the foregoing information is true and accurate and that I am an Authorized Signatory Officer of the Firm.

Check Here to Agree

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

a. Typed Name of Submitting Authorized Officer:

b. Title:

c. Date:
