

**SECTION F
RFP RESPONSE FORM**

Company Name: _____ RFP No.: _____

Nevada Business Licenses No.: _____ Business License Exp.: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone No.: _____ Fax No.: _____

Contact Person: _____ Email: _____

UNLV Supplier Number (MUNIS ID): _____ Federal Tax ID No.: _____

Please check the appropriate box(es) in accordance with *General Terms and Conditions*:

BUSINESS STATUS

- | | |
|--|--|
| <input type="checkbox"/> Minority Business Enterprise (MBE) | <input type="checkbox"/> Small Business Enterprise (SBE) |
| <input type="checkbox"/> Women-Owned Business Enterprise (WBE) | <input type="checkbox"/> Local Business Enterprise (LBE) |
| <input type="checkbox"/> Disabled Veteran Business Enterprise (DVBE) | <input type="checkbox"/> Not Applicable (N/A) |

ACKNOWLEDGMENT OF ADDENDA:

The undersigned, as an authorized representative for the Company named above, acknowledges that he/she has examined this RFP including any related documents, and hereby offers to furnish all labor, materials, tools, supplies, equipment and services necessary to comply with the specifications, terms and conditions set forth herein and at the prices stated.

The undersigned acknowledges receipt of the following addenda:

Addenda No. ____ Dated _____ Addenda No. ____ Dated _____ Addenda No. ____ Dated _____

Addenda No. ____ Dated _____ Addenda No. ____ Dated _____ Addenda No. ____ Dated _____

DEPARTMENT/SUSPENSION STATUS

1. The proposer certifies that it is not suspended, debarred or ineligible from entering into contracts with the Executive Branch of the Federal Government, or in receipt of a notice of proposed debarment from any State agency or local public body.

2. The proposer agrees to provide immediate notice to UNLV's Purchasing department in the event of being suspended, debarred or declared ineligible by any State or Federal department or agency, or upon receipt of a notice of proposed debarment that is received after the submission of this proposal but prior to the award of the purchase order/contract.

EXCEPTIONS

Any exceptions to any of the specifications or requirements of this RFP shall be noted in writing, and attached to the Proposal when submitted. By taking exceptions and clearly stating them in writing on a separate sheet of paper headed "EXCEPTIONS", and by offering alternates to replace the excepted requirements, the Proposer may still compete in the solicitation. However, the UNLV Purchasing Department shall be the sole judge of the acceptance or rejection of any exceptions.

Are there any exceptions to this RFP? **Yes** ☐ **No** ☐

Signature

Print Name and Title

Date

SECTION G
LIST OF SUBCONTRACTORS/ TIER 2 SUPPLIERS

RFP No.: _____

Company Name: _____

HISTORICAL AND ANTICIPATED COMMITMENT TO TIER 2

If anticipated to exceed \$1,000,000 at any time during the life of the contract provide the following reporting information:

Proposer's historical and anticipated commitment to Tier 2 MWDBE and local business enterprises. At a minimum, Proposer must provide historical information for the most recently completed fiscal year (July 1 through June 30) and their anticipated commitment to the current fiscal year in which this RFP is issued.

A listing of Tier 2 suppliers, including local and MWDBE suppliers, that will be given the opportunity to be considered and/or utilized as subcontractors for any work performed as a result of this RFP. The listing must include the following information:

- The name, city and state
- Type of Tier 2 status (local, women owned, minority/and or disadvantaged)
- Any certification of such status including the entity granting the certification if applicable

I. CONSIDERED SUBCONTRACTORS/ TIER 2 SUPPLIERS

Company Name: _____ **Federal Tax ID No.:** _____

Nevada Business License No.: _____ **Business License Exp. Date:** _____

City: _____ **State:** _____ **Phone No.:** _____

Business Status (in accordance with *General Terms and Conditions*):

Minority Business Enterprise (MBE)	<input type="checkbox"/>	Small Business Enterprise (SBE)	<input type="checkbox"/>
Women-Owned Business Enterprise (WBE)	<input type="checkbox"/>	Local Business Enterprise (LBE)	<input type="checkbox"/>
Disabled Veteran Business Enterprise (DVBE)	<input type="checkbox"/>		

Certification No.: _____ **Issued by:** _____

SECTION G
LIST OF SUBCONTRACTORS/ TIER 2 SUPPLIERS

RFP No.: _____

Company Name: _____

II. UTILIZED SUBCONTRACTORS/ TIER 2 SUPPLIERS

Company Name: _____ **Federal Tax ID No.:** _____

Nevada Business License No.: _____ **Business License Exp. Date:** _____

City: _____ **State:** _____ **Phone No.:** _____

Business Status (in accordance with *General Terms and Conditions*):

Minority Business Enterprise (MBE) ☐ Small Business Enterprise (SBE) ☐

Women-Owned Business Enterprise (WBE) ☐ Local Business Enterprise (LBE) ☐

Disabled Veteran Business Enterprise (DVBE) ☐

Certification No.: _____ **Issued by:** _____
