UOSA SOLICITATION DISCLOSURE FORM

IFB Number: <u>16-03</u>	<u> </u>	IFB Due: Date: <u>4/5/2016</u>			
IFB Title: <u>IT Support Services</u>		IFB Due Time: 2:00 PM			
SECTION I – COMPA	NY IDENTIFICATION	AND OWNERSHIP DISCLOSURE			
Company		Contact Person			
Address		Title			
,		Telephone			
Remittance Address	· · · · · · · · · · · · · · · · · · ·	FAX			
		Email			
	on Partnership Sole Pd/Controlled Yes No	Proprietor			
Organized under the laws of Principal place of business					
Following are the names an (Attach additional sheets if		naving an ownership interest of 3% or more in the Company			
<u>Name</u>	Address				
Commonwealth pursuant to identification number issued required to be authorized to Title 50 of the Code of Vi	to Title 13.1 or Title 50 of ed to it by the State Corpor o transact business in the Corpor	fferor organized or authorized to transact business in the f the Code of Virginia shall include in its submission the ration Commission ("SCC"). Any bidder/offeror that is not mmonwealth as a foreign business entity under Title 13.1 or ired by law shall include in its bid or proposal a statement so authorized.			
		ity to Transact Business in Virginia form (Attachment $-$ A) g documentation, with their submission.			
Initial here [] to indicate t	that Attachment – A has bee	en completed and included with this submission.			
SECTION II – CONFL	ICTS OF INTEREST				
This solicitation is subject Local Government Conflict	*	n 2.2-3100 et. Seq., Virginia Code Annotated, the State and			
The bidder/offeror is is is conflict of interest.	not aware of any informa	ation bearing on the existence of any potential organizational			
SECTION III - COLL	USION				
firm or person submitting a	n offer for the same services aud. I understand collusive b	derstanding, agreement, or connection with any corporation, s, materials, supplies, or equipment, and is in all respects fair oldding is a violation of State and Federal law and may result			
		ntations, certifications, and other statements are accurate and tation for Bid and certify that I am authorized to sign for the			
Signature		Date			
BIDDER/OFF	EROR MUST RETURN	Title Title THIS FORM WITH BID SUBMISSION			

i

ATTACHMENT A - PROOF OF AUTHORITY TO TRANSACT BUSINESS IN VIRGINIA

Any falsification or misrepresentation contained in the statement submitted by bidder/offeror pursuant to Title 13.1 or Title 50 may be cause for debarment by UOSA.

Please complete the following by checking the appropriate line that applies and provide the required information.

The unc	lersigned bidder/offeror:				
1	is a Virginia business entity organized and authorized to trans Commonwealth of Virginia by the State Corporation Commis Bidder's/Offeror's current valid identification number issued	ssion (SCC). The			
_ [your federal tax identification number). -OR-				
2.	is a sole proprietor and no SCC number is required. -OR-				
3	is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business, any employees, agents, offices, facilities, or inventories in Virginia. This does not account for any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts. It also, does not account for any incidental presence of the Bidder/Offeror in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from the Bidder's/Offeror's out-of-state location. Bidder/Offeror shall include with this proposal documentation from their legal counsel which accurately and completely states why the Bidder/Offeror is not required to be so authorized within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia. -OR-				
4	has obtained a Certificate of Authority to do Business in the Commonwealth of Virginia from the SCC and has included a copy of the certificate with this proposal. -OR-				
5.	currently has pending before the SCC an application that was submitted prior to the due date and time of this solicitation for authority to transact business in the Commonwealth of Virginia and seeks consideration for a waiver to allow the submission of the SCC identification number after the due date for proposals (UOSA reserves the right to determine in its sole discretion whether to allow such waiver.)				
	Signature: (original signature required)	Date:			
	Name: (print)				
	Title:				
	Name of Firm:				

End of Attachment A

ATTACHMENT B - REFERENCES

1.	COMPANY NAME:				
	ADDRESS:				
	CONTACT PERSON TELEPHONE: FAX: E-MAIL:)		
2.	COMPANY NAME: ADDRESS:				
	CONTACT PERSON TELEPHONE: FAX: E-MAIL:	()	 	
3.	COMPANY NAME: ADDRESS:				
	CONTACT PERSON TELEPHONE: FAX: E-MAIL:)		

			0	FFERORS' N	AME:	
4.	COMPANY NAME: ADDRESS:					
	CONTACT PERSON	N:				
	TELEPHONE:	()			
	FAX:	()			
	E-MAIL:					
5.	COMPANY NAME:					
	ADDRESS:					
	CONTACT PERSON	N:				
	TELEPHONE:	()			
	FAX:	()			
	E-MAIL:					

End of Attachment B

ATTACHMENT C – QUALIFIED SERVICE CATEGORIES

Please check the appropriate box/boxes below to indicate which platforms you are qualified to support and for which you would like to be considered for award.

Oracle EnterpriseOne
Windows Network administration (DNS, Active Directory, etc.)
MS Exchange
Risk Assessments/Penetration Testing
BigFix
Oracle
SQL*Server
Adobe Acrobat Professional
Microsoft Office 2007
VLAN
VPN
HTML/web applications (HTML, ASP, VBScript, JavaScript)
Globodox
Intel-based Servers
Printers
Scanners
Office Copiers
Other areas of support:
Other custom software solutions offered:

End Attachment C

ATTACHMENT D - TRANSMITTAL FORM

In compliance with this Request for Proposal and to all the conditions imposed therein and hereby incorporated by reference, the undersigned offers and agrees to furnish the goods and/or services described herein in accordance with the attached proposal and as may be mutually agreed upon by subsequent negotiation.

Company Name:							
Address:		Signature:					
	Signed: Date: Printed:	-					
Telephone:							
Fax:		Title:					
E-mail:		Offeror's Federal ID Number					
Submission Checklist: Note: Your proposal submission must include all of the following documents							
UOSA Solicitation Disclosure Form		Attachment D					
Attachment A		All Signed Addendums if issued					
Attachment B							
Attachment C							
Acknowledge Receipt of Addenda: The Offeror hereby acknowledges receipt of and compliance with the following Addendum(s) to this solicitation							
End of	Attach	ment D					