

ATTACHMENT A: TECHNICAL PROPOSAL

INSTRUCTIONS: Fill in the information requested below and submit this form as your Technical Proposal. Proposals may be submitted by individuals or companies.

1. Vendor Contact Information

Company's Full Legal Name:	
Business Address:	
Contact Person's Name:	
Telephone Number:	
E-Mail Address:	
District area you are proposing to inspect:	

2. Qualifications

Describe the company background. Detail the experience and qualifications of all personnel proposed to work on the project. Work experience should include Responder's electrical wiring experience in the following areas: residential, commercial and industrial installations. Responder must provide a copy of his/her Electrical Master or Journey-worker license. (Please attach a separate document with this information)

3. Approach to Project

Describe your overall approach to the work. Identify your availability to perform the services in the geographical inspection area. How will you accomplish the "Sample Tasks" (described above)? Who will do the work?

For example: Will inspection service be provided in all areas every day; will inspection services be provided after normal business hours and on weekends; what arrangements will be made to continue inspection service when illness, vacations and similar circumstances would prevent Responder from providing service; what methods will Responder use to identify unlicensed and unpermitted activity? (You may attach a separate document with this information)

4. References

Send "Attachment E: Reference Form" to three references for completion, submit the completed reference forms with your response (proposal documents). The references need to be professional references. References are not required to be for electrical *inspection* work. The reference form is a "fillable" form and can be sent to your reference(s) electronically.

ATTACHMENT B: COST PROPOSAL

INSTRUCTIONS: Fill in the information requested below and submit this form as your Cost Proposal.

The Cost Proposal must contain a proposed compensation rate for inspection services within the corresponding geographical inspection area (see page 2 of Attachment C for the district area report)

An inspector's compensation rate is based on a percentage of the electrical inspection fees submitted by permit applicants. Therefore, the cost proposal is expected to include a percentage value. The STATE has provided an estimated compensation rate range for each geographical inspection area, which is found on the attached district area report in the column labeled Estimated Compensation Rate.

- a) Example of cost proposal: "Inspector proposes a compensation rate for inspection services of ____% of the electrical fees submitted by permit applicants."
- b) Example of inspection fee payment: Inspector contracts for a compensation rate of 95%. This means that after providing inspection services, the inspector will receive 95% of the permit inspection fees paid by the permit applicant. For this example, a typical new single family home permit amount is \$135.00 and will require two inspection trips to the site. The Inspector performs the rough-in inspection, enters the required inspection information for the rough-in in eTrakit, then the Inspector receives \$33.25 (95% of \$35.00) from the STATE. The second trip to the inspection site results in a final inspection; inspector enters the final inspection information into eTrakit and receives \$95.00 (95% of \$100.00), the balance of the inspection fees on the permit.

For purposes of completing the cost proposal, the STATE DOES NOT make regular payments based upon the passage of time, it only pays for inspection services performed or work delivered AFTER it is accomplished and the database (iMS) record is completed.

Submit the Cost Proposal as a separate document(s) from your Technical Proposal. Do not include any cost information in the Technical Proposal part of the response. The Proposal must be open for acceptance until a contract is executed, the Solicitation is cancelled, or 180 days after the submission deadline for the Solicitation, whichever comes first.

Proposed compensation rate (%): _____

District area: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

**District Area Report
Request for Proposal Fiscal Year 2021**

District/Area Name	Estimated Compensation Rate*	Geographical Inspection Area			Total permits issued 7/1/2019-8/25/2020	Total fees received for permits issued 7/1/2019-8/25/2020
		County 1 Name	County 2 Name	County 3 Name		
DA0302	88%	Winona Eastern Winona including Dakota, Goodview, Minnesota City, Rollingstone, Stockton, Winona and the townships of Dresbach, Hart, Hillsdale, Homer, New Hartford, Pleasant Hill, Richmond, Rollingstone, Warren, Wilson, Winona and Wiscoy			2510	\$191,731

ATTACHMENT C: RESPONDER DECLARATIONS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- A. **Response Contents.** The information provided is true, correct, and reliable for purposes of evaluation for potential contract award. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the Responder to suspension or debarment proceedings as well as other remedies available by law.
- B. **Authorized Signature.** The appropriate person(s) have submitted the Response on behalf of the Responder as required by applicable articles, bylaws, resolutions, minutes, and ordinances.
- C. **Non-Collusion Certification.**
 - 5. The Response has been arrived at by the Responder independently and has been submitted without collusion and without any agreement, understanding or planned common course of action with any other vendor designed to limit fair or open competition; and
 - 6. The contents of the Solicitation Response have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any other individual prior to the official opening of the Response. Any evidence of collusion among Responders in any form designed to defeat competitive responses will be reported to the Minnesota Attorney General for investigation and appropriate action.
- D. **Organizational Conflicts of Interest.** To the best of Responder's knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to organizational conflicts of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons,
 - 1. a vendor is unable or potentially unable to render impartial assistance or advice to the State;
 - 2. the vendor's objectivity in performing the contract work is or might be otherwise impaired; or
 - 3. the vendor has an unfair competitive advantage.

If after award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing must be made to the State's Chief Procurement Officer which must include a description of the action which the contractor has taken or proposes to take to avoid or mitigate such conflicts. If an organization conflict of interest is determined to exist, the State may, at its discretion, cancel the contract. In the event the Contractor was aware of an organizational conflict of interest prior to the award of the contract and did not disclose the conflict to OSP, the State may terminate the contract for default. Organizational conflicts of interest terms apply to any subcontractors for this work.

- E. **Certification Regarding Lobbying** For State of Minnesota Contracts and Grants over \$100,000, the undersigned certifies, to the best of his or her knowledge and belief that:
 - 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
 - 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or

cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

- F. **Copyrighted Material Waiver.** By signing its Response, the Responder certifies that it has obtained all necessary approvals for the reproduction and distribution of the contents of its response.
- G. **Diverse Spend Reporting.** A Responder that receives a Contract agrees to track and report, on a quarterly basis, the amount paid to diverse businesses both: 1) directly to subcontractors performing under the Contract, and 2) indirectly to diverse businesses that provide supplies/services to Contractor (in proportion to the revenue from this Contract compared to Contractor's overall revenue). When this applies, Contractor will be set up in a free portal to help report the Tier 2 diverse spend, and the requirement continues as long as the Contract is in effect.

Please see [Diverse Spend Reporting Frequently Asked Questions](#) for additional information.

By signing this form, Responder acknowledges and certifies compliance with all applicable requirements indicated above.

Company Name: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone Number: _____

Email Address: _____

ATTACHMENT D: EXCEPTIONS TO STATE'S TERMS AND CONDITIONS

The State presumes a responder agrees to the terms and conditions of this solicitation unless the Responder takes specific exception to one or more of the conditions on this form.

INSTRUCTIONS: Responders must explicitly list all exceptions to State terms and conditions (including those found in the attached sample contract, if any). Reference the actual number of the State's term and condition and page number for which an exception(s) is being taken. If no exceptions exist, state "NONE" specifically on the form below. Whether or not exceptions are taken, the Responder must sign and date this form and submit it as part of their response. *(Add additional pages if necessary.)*

Contract Clause Reference	Suggested Change to Clause	Explanation or Justification

By signing this form, I acknowledge that the above-named responder accepts, without qualification, all terms and conditions stated in this solicitation (including the sample contract) except those clearly outlined as exceptions above.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

ATTACHMENT E: REFERENCE FORM

Responder/Company Name:

Contact Name:

Address:

Email:

Phone Number:

1. Description of project(s):
2. Dates of Engagement:
3. Were the project(s) completed on budget? If not, please explain.
4. Were the project(s) complete on time? If not, please explain.
5. What went well with the project(s)?
6. What could have gone better with the project(s)?

ATTACHMENT F: RESPONDER FORMS

STATE OF MINNESOTA VETERAN-OWNED PREFERENCE FORM

Unless a greater preference is applicable and allowed by law, in accordance with Minn. Stat. §16C.16, subd. 6a, the state will award a 6% preference on state procurement to certified small businesses that are majority owned and operated by veterans.

Veteran-Owned Preference Requirements - See Minn. Stat. § 16C.19(d):

- 1) The business has been certified by the Office of Equity in Procurement as being a veteran-owned or service-disabled veteran-owned small business.
- or**
- 2) The principal place of business is in Minnesota AND the United States Department of Veterans Affairs verifies the business as being a veteran-owned or service-disabled veteran-owned small business under Public Law 109-461 and Code of Federal Regulations, title 38, part 74 (Supported By Documentation).

Statutory requirements and appropriate documentation must be met **by the solicitation response due date and time** to be awarded the veteran-owned preference.

Claim the Preference

By signing below, I confirm that:

My company is claiming the veteran-owned preference afforded by Minn. Stat. § 16C.16, subd. 6a. By making this claim, I verify that:

- The business has been certified by the Office of Equity in Procurement as being a veteran-owned or service-disabled veteran-owned small business.
- or**
- My company's principal place of business is in Minnesota **and** the United States Department of Veteran's Affairs verifies my company as being a veteran-owned or service-disabled veteran-owned small business (Supported By Attached Documentation)

Name of Company: _____ Date: _____

Authorized Signature: _____ Telephone: _____

Printed Name: _____ Title: _____

Attach documentation, sign, and return this form with your solicitation response to claim the veteran-owned preference.

**STATE OF MINNESOTA
WORKFORCE CERTIFICATE INFORMATION FORM**

Required by state law for ALL bids or proposals that could exceed \$100,000

Complete this form and return it with your bid or proposal. The State of Minnesota is under no obligation to delay proceeding with a contract until a company becomes compliant with the Workforce Certification requirements in Minn. Stat. §363A.36.

BOX A – COMPANIES that have employed more than 40 full-time employees WITHIN MINNESOTA on any single working day during the previous 12 months, check one option below:

- ☐ Attached is our current Workforce Certificate issued by the Minnesota Department of Human Rights (MDHR).
- ☐ Attached is confirmation that MDHR received our application for a Minnesota Workforce Certificate on _____ (date).

BOX B – NON-MINNESOTA COMPANIES that have employed more than 40 full-time employees on a single working day during the previous 12 months in the state where it has its primary place of business, check one option below:

- ☐ Attached is our current Workforce Certificate issued by MDHR.
- ☐ We certify we are in compliance with federal affirmative action requirements.

BOX C – EXEMPT COMPANIES that have not employed more than 40 full-time employees on a single working day in any state during the previous 12 months, check option below if applicable:

- ☐ We attest we are exempt. If our company is awarded a contract, upon request, we will submit to MDHR within 5 business days after the contract is fully signed, the names of our employees during the previous 12 months, the date of separation, if applicable, and the state in which the persons were employed. Send to compliance.MDHR@state.mn.us.

By signing this statement, I certify that the information provided is accurate and that I am authorized to sign on behalf of the company.

Name of Company: _____ Date _____

Authorized Signature: _____ Telephone number: _____

Printed Name: _____ Title: _____

For assistance with this form, contact:

Minnesota Department of Human Rights, Compliance Services

Web: <http://mn.gov/mdhr/> TC Metro: 651-539-1095 Toll-Free: 800-657-3704

Email: compliance.MDHR@state.mn.us TTY: 651-296-1283

**STATE OF MINNESOTA
EQUAL PAY CERTIFICATE**

If your response could be in excess of \$500,000, please complete and submit this form with your submission. **It is your sole responsibility to provide the information requested and when necessary to obtain an Equal Pay Certificate (Equal Pay Certificate) from the Minnesota Department of Human Rights (MDHR) prior to contract execution. You must supply this document with your submission.** Please contact MDHR with questions at: 651-539-1095 (metro), 1-800-657-3704 (toll free), 711 or 1-800-627-3529 (MN Relay) or at compliance.MDHR@state.mn.us.

Option A – If you have employed 40 or more full-time employees on any single working day during the previous 12 months in Minnesota or the state where you have your primary place of business, please check the applicable box below:

- ☐ Attached is our current MDHR Equal Pay Certificate.
- ☐ Attached is MDHR's confirmation of our Equal Pay Certificate application.

Option B – If you have not employed 40 or more full-time employees on any single working day during the previous 12 months in Minnesota or the state where you have your primary place of business, please check the box below.

- ☐ We are exempt. We agree that if we are selected we will submit to MDHR within five (5) business days of final contract execution, the names of our employees during the previous 12 months, date of separation if applicable, and the state in which the persons were employed. Documentation should be sent to compliance.MDHR@state.mn.us.

The State of Minnesota reserves the right to request additional information from you. **If you are unable to check any of the preceding boxes, please contact MDHR to avoid a determination that a contract with your organization cannot be executed.**

Your signature certifies that you are authorized to make the representations, the information provided is accurate, the State of Minnesota can rely upon the information provided, and the State of Minnesota may take action to suspend or revoke any agreement with you for any false information provided.

Authorized Signature	Printed Name	Title
Organization	MN/FED Tax ID#	Date
Issuing Entity	Project # or Lease Address	