

***C I T Y O F A U S T I N, T E X A S***

***Austin Public Health***

**REQUEST FOR APPLICATION (RFA) OFFER SHEET**

**SOLICITATION NO**: CHA2017LW

**DATE ISSUED**: 4/12/2017

### FOR CONTRACTUAL AND TECHNICAL ISSUES CONTACT THE FOLLOWING AUTHORIZED CONTACT PERSON:

Laura Williamson

Social Services Policy Program Coordinator

### Phone: (512) 972-5206

**E-Mail:** [Laura.Williamson2@austintexas.gov](mailto:Laura.Williamson2@austintexas.gov) Questions regarding the RFA shall be sent to [**Laura.Williamson2@austintexas.gov**](mailto:Laura.Williamson2@austintexas.gov)

### NON-MANDATORY PRE-PROPOSAL CONFERENCE DATE

**AND TIME**: 4/18/17 - 2:00 pm – 3:00 pm, local time

**LOCATION**: Rebekah Baines Johnson Center, 3rd Floor Conference Room, 15 Waller St Austin TX 78702

**APPLICATION DUE PRIOR TO**: 5/11/17, 11 AM, local time

**APPLICATION CLOSING TIME AND DATE**: 5/11/17, 11 AM, local time

**All documents shall be submitted to the address below:**

|  |
| --- |
| **City of Austin, Austin Public Health** |
| **7201 Levander Loop, Building H** |
| **Austin, Texas 78702** |

**All Offers that are not submitted in sealed envelopes or containers will not be considered. Your Offer should consist of a sealed envelope or container with your application, all other required documents indicated on page 2 of the application, and 6 electronic copies of all documents.**

# SUBMIT 1 ORIGINAL AND 6 ELECTRONIC COPIES OF YOUR RESPONSE ON DISCS OR FLASH DRIVES

**\*\*\*SIGNATURE FOR SUBMITTAL REQUIRED ON PAGE 3 OF THIS DOCUMENT\*\*\***

## Solicitation No. CHA2017LW

## Offer Sheet, Section 0050 - Page 1 of 3

***C I T Y O F A U S T I N, T E X A S***

***Austin Public Health***

**REQUEST FOR APPLICATION (RFA) OFFER SHEET**

**This solicitation is comprised of the following required sections. Please ensure to carefully read each section including those incorporated by reference. By signing this document, you are agreeing to all the items contained herein and will be bound to all terms.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION NO.** | **TITLE** | **Requires Applicant Response (X)** | **PAGES** |
| 0050 | OFFER SHEET | X | 3 |
| 0100 | STANDARD PURCHASE DEFINITIONS |  | \* |
| 0200 | STANDARD SOLICITATION INSTRUCTIONS |  | \* |
| 0300 | STANDARD PURCHASE TERMS AND CONDITIONS |  | \* |
| 0400 | SUPPLEMENTAL PURCHASE PROVISIONS |  | 6 |
| 0500 | APPLICATION, SCOPE OF WORK, & INSTRUCTIONS | X | 14 |
| 0610 | APPLICATION THRESHOLD CHECKLIST | X | 1 |
| 0800 | NON-DISCRIMINATION CERTIFICATION |  | \* |
| 0805 | NON-SUSPENSION OR DEBARMENT CERTIFICATION |  | \* |
| 0810 | NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING CERTIFICATION |  | \* |
| 0835 | NONRESIDENT BIDDER PROVISIONS – Complete and return | X | 1 |

### \* Documents are hereby incorporated into this Solicitation by reference, with the same force and effect as if they were incorporated in full text. The full text versions of these Sections are available, on the Internet at the following online address:

<http://www.austintexas.gov/financeonline/vendor_connection/index.cfm#STANDARDBIDDOCUMENTS>

**INTERESTED PARTIES DISCLOSURE**

**In addition, Section 2252.908 of the Texas Government Code requires the successful offeror to complete a Form 1295 “Certificate of Interested Parties” that is signed and notarized for a contract award requiring Council authorization. The “Certificate of Interested Parties” form must be completed on the Texas Ethics Commission website, printed, signed and submitted to the City by the authorized agent of the Business Entity with acknowledgment that disclosure is made under oath and under penalty of perjury prior to final contract execution.**

<https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm>

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## Offer Sheet, Section 0050 - Page 2 of 3

***C I T Y O F A U S T I N, T E X A S***

***Austin Public Health***

**REQUEST FOR APPLICATION (RFA) OFFER SHEET**

**The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.**

Company Name:

Company Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax ID No.:

Printed Name of Officer or Authorized Representative:

Title:

Signature of Officer or Authorized Representative:

Email Address:

Phone Number:

Date:

**\* Application response must be submitted with this Offer sheet to be considered for award**

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