**Appendix D - Required Information of All Respondents**

**Section 1 - Submittal Questionnaire**

1. Are you proposing as specified? YES \_\_\_\_ NO \_\_\_\_

2. Are you a CMD certified LBE? YES \_\_\_\_ NO \_\_\_\_

 \_\_\_\_\_ We are currently certified. CMD has issued us Certification No. .

 \_\_\_\_\_ We submitted LBE Certification Application to the CMD on .

3. Have you completed and signed the following

**CMD Attachment 3** forms

* CMD Form 2A YES \_\_\_\_ NO \_\_\_\_
* CMD Form 2B YES \_\_\_\_ NO \_\_\_\_
* CMD Form 3 YES \_\_\_\_ NO \_\_\_\_
* CMD Form 4 (if Joint Venture) YES \_\_\_\_ NO \_\_\_\_
* CMD Form 5 YES \_\_\_\_ NO \_\_\_\_

4. Checklist - Have you submitted with your proposal YES \_\_\_\_ NO \_\_\_\_

 the required documents?

 a. Introduction Letter and Executive Summary YES \_\_\_\_ NO \_\_\_\_

 b. Price Proposal (App B) in a separate sealed YES \_\_\_\_ NO \_\_\_\_

 envelope.

c. Release of Liability for each Reference (App C). YES \_\_\_\_ NO \_\_\_\_

d. Required Information of All Proposers (App D). YES \_\_\_\_ NO \_\_\_\_

e. Copies of all relevant Licenses as requested. YES \_\_\_\_ NO \_\_\_\_

f. Original CMD Attachment 2 Forms YES \_\_\_\_ NO \_\_\_\_

 in a separate sealed envelope

5. Has your company enrolled with Paymode-X to receive YES \_\_\_\_ NO \_\_\_\_

ACH payments from the City?

6. Section IV.C.6 “Contractors Unable to do Business with the City

Please fill in the following sentence”:

 I certify that my company is headquartered at the following address:

 Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State/Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I will notify the City if my company’s headquarters moves.

**Section 2 - Company Information**

Name of Firm:

Address:

Phone No.: Fax:

E-mail address:

Toll Free Phone No.:

Contact: Title:

Signature, Date

City Supplier I.D. Number:

Federal I.D. Number:

Payment Terms:

Person preparing proposal:

Local Representative:

 (if other than proposal preparer)

Address:

Phone:

Fax:

What are the telephone and fax number for placing orders?

Telephone ( )

Toll Free ( )

Fax ( )

What is your 24-hour emergency telephone number?

 Telephone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_