

## **PROPOSAL SUBMITTAL FORM**

\_\_\_\_\_  
(Vendor Name)

The undersigned, having familiarized itself with MCOE 2023-RFP-001 Comprehensive Financial Management System proposal, including all addenda including the last addenda number \_\_\_\_\_, dated \_\_\_\_\_, hereby proposes to provide all products and services described therein on the terms described below.

Payment terms:

Term proposal is in effect: From: \_\_\_\_\_ To: \_\_\_\_\_

Term of warranty on equipment:

Maximum time required for shipping, F.O.B. Marin County Office of Education (MCOE): \_\_\_\_\_

\$ \_\_\_\_\_

(Total figure – as noted on Appendix I)

\_\_\_\_\_  
(Total price written)

In submitting this proposal, the Vendor understands that MCOE reserves the right to reject any and/or all proposals. MCOE WILL AWARD ON THE BASIS OF THE RFP SELECTION CRITERIA SET FORTH IN THE RFP DESCRIBED ABOVE. Submission of a proposal indicates the Vendor's acceptance of conditions contained in this RFP. Vendor, if selected, agrees to furnish all required bonds, insurance, and other agreement related documentation within ten days after notice of award.

Upon request, the Vendor is prepared to submit a statement demonstrating fiscal solvency.

Name \_\_\_\_\_

Title \_\_\_\_\_

Contracting Firm Name \_\_\_\_\_

Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

(The proposal responder will identify below its business entity as individual, DBA, partnership, corporation (foreign or domestic), and will indicate the official capacity of person(s) executing this proposal.)

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

Form of Business: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

(Names of principal officers: designate official capacity)		(If partnership or assumed name, indicate name of owners)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX J**  
**NON-COLLUSION AFFIDAVIT FORM**

STATE OF: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

TAX ID NUMBER: \_\_\_\_\_

\_\_\_\_\_, being duly sworn, states he/she is the \_\_\_\_\_  
(Name) (Title)

of \_\_\_\_\_, which has submitted to the  
(Company)

**Marin County Office of Education** a proposal for a **Comprehensive Financial Management System**

as fully set forth in said proposal and that, except as specified below, the aforementioned proposal responder constitutes it is the only person, firm, or corporation having any interest in said proposal or in any contract, benefit, or profit which may, might or could accrue as a result of said proposal. Said exceptions being as follows:

\_\_\_\_\_  
(If no exceptions, please state)

**CERTIFICATE OF NON-DISCRIMINATION**

MCOE 2223-RFP-001  
Comprehensive Financial Management System  
for  
MARIN COUNTY OFFICE OF EDUCATION

As suppliers of goods and services to the Marin County Office of Education, the firm listed below certifies that it does not discriminate in its employment with regards to race religion, creed or national origin; that it is in compliance with all Federal, State, and Local directives and executive orders regarding non-discrimination in employment and that it agrees to demonstrate positively and aggressively the principle of equal opportunity in employment.

We agree specifically:

- 1) To establish or observe employment policies which affirmatively promote opportunities for minority persons at all job levels.
- 2) To communicate this policy to all persons concerned, including all company employees, outside recruiting services, especially those serving minority communities.
- 3) To take affirmative steps to hire minority employees within the company.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## STATEMENT OF NO PROPOSAL

- \_\_\_\_ We do not have the resources to complete this proposal/project
- \_\_\_\_ Specifications are unclear (explain below)
- \_\_\_\_ We are unable to meet the minimum requirements
- \_\_\_\_ We are unable to meet specifications
- \_\_\_\_ Insufficient time to respond to this Request for Proposal
- \_\_\_\_ Our schedule would not permit us to perform the requested services
- \_\_\_\_ We are unable to meet the bond requirements
- \_\_\_\_ We are unable to meet the insurance requirements
- \_\_\_\_ We do not offer a complete solution
- \_\_\_\_ The requested response is too cumbersome to complete
- \_\_\_\_ We do not compete in this geographic area
- \_\_\_\_ Other:
- \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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