

Sourcing Event – Consulting Services for Pension Administration System (PAS) Replacement

Attachment 2

Proposer Questionnaire and References

Part I

Proposer Information

Name of Firm:	
Headquarter Address:	
Phone No.:	
Toll Free Phone No.:	
Contact Name & Title:	
E-mail:	
SF Supplier ID:	
Federal Tax ID:	
Payment Terms:	
Person Preparing Bid:	
Local Representative Name and Number:	

Contact Information for Placing Orders:

Telephone:	
Email:	
Website:	
24-hour Emergency Number:	

Part II

Proposer Questionnaire

Question	Yes	No
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1. Do you certify that you have complied and will continue to comply with Section I (G) of this Solicitation entitled "Limitation on Communications during Solicitation"?											
2. Have you registered as a Bidder or Supplier, through the Supplier Portal (https://sfcitypartner.sfgov.org/)? If yes, what is your Bidder ID or Supplier ID? _____											
3. Has your company enrolled with Paymode-X to receive electronic payments from the City? https://www.sf.gov/get-paid-your-vendor-services											
4. Have you registered your business with the San Francisco Treasurer & Tax Collector as required prior to submission of any Proposal? Enter your Business Tax Registration ID here: _____											
Are you claiming LBE preference on this solicitation per Chapter 14B? To claim LBE preference for this solicitation, you must be certified in one or more of the LBE certification categories by the Proposal Due Date:											
<p>List each subcontractor directly performing services on this contract. If none, enter none. Add additional rows as needed.</p> <table border="1"> <thead> <tr> <th>Subcontractor's Full Legal Business Name</th> <th>% of work to be performed</th> <th>If this subcontractor is an LBE, enter its LBE Certification Number. Otherwise enter "N/A".</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Subcontractor's Full Legal Business Name	% of work to be performed	If this subcontractor is an LBE, enter its LBE Certification Number. Otherwise enter "N/A".								
Subcontractor's Full Legal Business Name	% of work to be performed	If this subcontractor is an LBE, enter its LBE Certification Number. Otherwise enter "N/A".									
5. Can you comply with the terms set forth in Attachment 1, City's Proposed Agreement Terms? If you reply NO, you must submit a redline copy of any proposed changes.											
6. Have you submitted with your Proposal all the <u>Minimum Qualification Documentation</u> outlined in the accompanying solicitation document? If you reply NO to any document, please explain.											
7. Have you submitted with your Proposal all the <u>Required Supporting Documentation</u> outlined in the accompanying solicitation document? If you reply NO to any document, please explain.											
8. Have you submitted with your Proposal a <u>Price Proposal</u> that complies with the requirements of the accompanying solicitation document? If you reply NO to any document, please explain.											

<p>9. Have you submitted with your Proposal a <u>Written Proposal</u> that complies with the requirements of the accompanying solicitation document?</p> <p>If you reply NO to any document, please explain.</p>		
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Part III
Proposer References

All proposers, including current Contractor, must provide references for at least **three (3)** organizations of the approximate size and volume comparable to commodities and/or services described in this Solicitation. Upon request, successful proposer(s) may also be required to submit a letter of reference from each reference listed within five (5) days of notification. Failure to do so may result in rejection of proposal.

1.	Name of Company	<input type="text"/>
	Address (street, city, state, zip)	<input type="text"/>
	Contact Name	<input type="text"/>
	Phone No.	<input type="text"/>
	Email	<input type="text"/>
	Number of Years Providing Service	<input type="text"/>
2.	Name of Company	<input type="text"/>
	Address (street, city, state, zip)	<input type="text"/>
	Contact Name	<input type="text"/>
	Phone No.	<input type="text"/>
	Email	<input type="text"/>
	Number of Years Providing Service	<input type="text"/>
3.	Name of Company	<input type="text"/>
	Address (street, city, state, zip)	<input type="text"/>
	Contact Name	<input type="text"/>
	Phone No.	<input type="text"/>
	Email	<input type="text"/>
	Number of Years Providing Service	<input type="text"/>

Part IV
Proposer Release of Liability for References

The undersigned hereby fully and forever release, exonerate, discharge and covenant not to sue the City, its commissions and boards, officers and employees, and all individuals, entities and firms providing information, comments, or conclusions ("Reference Information") in response to inquiries that the City may make regarding the qualifications or experience of a Prime proposer, proposed joint venture partner, proposed subconsultant or proposed key/lead team member in connection with the selection process for **Consulting Services for Pension Administration System (PAS) Replacement** from and for any and all claims, causes of action, demands, damages, and any and all liabilities of any kind or description, in law, equity, or otherwise arising out of the provision of said Reference Information. This Release and Waiver is freely given and will be applicable whether or not the responses by said individuals, entities or firms are accurate or not, or made willfully or negligently.

Company Name

Signature of Authorized Representative of Company

Date

Print Name and Title

Part V.
Proposer Certification of Truth, Accuracy, and Completeness

I certify that based on information and belief formed after reasonable inquiry, the statements and information contained in this document are true, accurate, and complete. Additionally, by submitting this bid/proposal, I attest that I have reviewed and accepted all terms found in this solicitation, any and all addenda issued to this solicitation, and City's contract terms.

Company Name

Signature of Authorized Representative of Company

Date

Print Name and Title