

**Montgomery County Department of Job and Family Services
Fatherhood Initiative Program Services
Request for Proposal Cover Sheet 2009**

Responder's Name: _____ **Title:** _____

Responder's Signature: _____ **Date:** _____

Instructions:

1. Please mark "Yes" or "No" or write or type-in on the space provided, if additional room is necessary please attach additional information to this cover sheet
2. Please initial in the box specified to verify.
3. Should be signed and initialed by the person(s) legally authorized to bind the responder contractually.

1. Did you, as the responder submit one (1) original and six (6) copies of the proposal?

Yes

No

Initial

2. Is the proposal typewritten, single spaced, one sided in black ink on 8 ½ x 11 plain white paper, no binders with coils and was a Microsoft Word compatible CD included?

Yes

No

Initial

3. Please write or type-in a legal statement indicating whether the responder is a corporation or other legal entity.

Initial

4. Did you, as the responder, attach a list of three (3) references supporting your history of rendering services to customers and residents utilizing similar Services to those listed in this RFP?

Yes

No

Initial

5. Please write or type-in a statement that you, as the responder, have sole and complete responsibility for the production of the services specified in the proposal.

Initial

6. If there are any additional subcontract vendor(s), have you attached the valid information to this cover sheet? The responder to this RFP must indicate the services which shall be subcontracted and the percentage of the total budget allocated to the subcontractor in the Bid Opening Letter.

Yes

No

Initial

7. Have you, as the responder, had a contract terminated due to non-performance or poor performance during the past five years? All such incidents must be described, including the other party's name, address and telephone number please attach this information along with this cover sheet. If no such terminations have been experienced by the vendor in the past five years, so indicate.

Initial

8. Does your organization, as the responder, or any of the individuals working on the contract have a possible conflict of interest and, if so, what is the nature of that conflict?

Initial

9. Has your organization, as the responder been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the United States Department of Labor, the United States Department of Health and Human Services, or any other federal department or agency as set forth in 29 CFR Part 98, or 45 CFR Part 76, or other applicable statutes?

Initial

Yes (If yes, please attach an explanation)

No

10. Have you attached a completed Representations, Assurances, and Certifications form, which is provided as Attachment 4?

Initial

Yes

No

11. Have you attached a completed Ohio Homeland Security – Declaration of Material Assistance Form, which is provided as Attachment 5?

Initial

Yes

No

12. Have you attached a completed Request for Taxpayer Identification and Certification form, which is provided as Attachment 6?

Initial

Yes

No