| **Firm/Vendor Information** |
| --- |
| Legal name of Firm:Address of Firm:*Note*: This information must match the information from the Firm’s Business License. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Firm Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip Code |
| Firm’s Washington State Department of Revenue Registration Number/Unified Business Identifier (UBI) Number:*Note*: A nine digit UBI number is assigned to each registered business in Washington. | U.B.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Taxpayer Identification No. (TIN):*Note*: Your TIN will be either a number issued by the IRS (e.g., Employer Identification Number, Federal Tax Identification Number) or a number issued by the Social Security Administration (i.e., your Social Security Number). Do Not provide a Social Security Number. | TIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **Point of Contact and Contract Manager** |
| --- |
| Point of Contact:Name:      Title:       Email:      Phone:       | Contract Manager:Name:      Title:       Email:      Phone:       |

**Certification Instructions:**

1. Mark one (1) box per line item,
2. If you mark False to any of the line items, you must provide a detailed explanation on an additional sheet of paper.
3. Any skipped line items, or failure to include a written explanation to any of the line items you answer False, may result as your submittal being rejected as non-responsive.

| **Certification**  |
| --- |
| **No.** | **Certifications of the Vendor** | **Must check one (1) box per line item** |
| 1. | Vendor and/or its principals are not presently nor has ever been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from contracting with any federal, state, or local governmental entity within the United States.  | [ ]  True [ ]  False |
| 2. | Vendor has not, within the three (3) year period preceding the date of this Solicitation, been convicted or had a civil judgment rendered against Vendor for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a governmental contract; violation of any federal or state antitrust statute; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. Vendor further certifies that it is not presently indicted or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses enumerated in this paragraph.  | [ ]  True [ ]  False |
| 3. | Vendor has not been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapters 49.46, 49.48, or 49.52 within three (3) years prior to the date of the above-referenced Competitive Solicitation date.  | [ ]  True [ ]  False |
| 4.  | Vendor complies with all applicable requirements regarding civil rights. Such requirements prohibit discrimination against individuals based on their status as protected veterans or individuals with disabilities and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity, or national origin.  | [ ]  True [ ]  False |
| 5. | Per Workers Rights (Executive Order 18-03) Vendor does not require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.  | [ ]  True [ ]  False |
| 6. | Vendor has not, within the three (3) year period preceding the date of this Solicitation, had one (1) or more federal, state, or local governmental contracts terminated for cause or default.  | [ ]  True [ ]  False |
| 7. | Except as validly contested, Vendor is not delinquent and has paid or has arranged for payment of all taxes due to the State of Washington and has filed all required returns and reports as applicable.  | [ ]  True [ ]  False |
| 8. | Vendor is financially stable and solvent, has adequate cash reserves to meet all financial obligations, has not commenced bankruptcy proceedings voluntarily or otherwise, and is not subject to any judgments, liens, or encumbrances of any kind affecting title to any Goods or Services that are the subject of this Solicitation.  | [ ]  True [ ]  False |
| 9. | Vendor is in good standing in the State of Washington and the jurisdiction where Vendor is organized, including having timely filed all required annual reports.  | [ ]  True [ ]  False |
| 10. | If awarded a Contract, Vendor will not utilize subcontractors to provide services subject to this Solicitation. If False, Vendor must attached a list of all potential sub-Vendors/sub-contractors. | [ ]  True [ ]  False |
| 12. | Vendor is a Washington Small Business as defined in RCW 39.26.010If Yes, please indicate Size:[ ]  Microbusiness: Annual gross revenue of less than one million dollars.[ ]  Minibusiness: Annual gross revenue of more than one million dollars, but less than three  million dollars.[ ]  Small Business: Annual gross revenue of less than seven million dollars over each of the  three prior consecutive years. | [ ]  Yes [ ]  No |
| 13. | Vendor is a Certified Veteran-Owned Business under RCW 43.60A.190If yes, provide Vendor’s WDVA certification no.: XXXXXXXXXXXXXXXXXXXXX | [ ]  Yes [ ]  No |
| 14. | Vendor/Firm is certified as a minority or woman owned business with the Washington State Office of Minority & Women’s Business Enterprises (OMWBE)?If yes, provide Vendor’s OMWBE certification no.: XXXXXXXXXXXXXXXXXXXXX | [ ]  Yes [ ]  No |
| 15. | Vendor certifies that the references provided have worked with Vendor and that such individuals and firms have full permission, without any additional requirement or release, to provide such references and information to The Port. Vendor hereby authorizes The Port (or its agent) to contact Vendor’s references and others who may have pertinent information regarding Vendor’s prior experience and ability to perform a Contract, if awarded.  | [ ]  Yes [ ]  No |
| 16.  | Vendor certifies that it shall provide immediate written notice to The Port if, at any time prior to a Contract award, Vendor learns that any of its certifications set forth herein were erroneous when submitted or have become erroneous by reason of changed circumstances. | [ ]  Yes [ ]  No |
| The undersigned declares under penalty of perjury that the proposal submitted is a genuine and not a sham or collusive proposal, or made in the interest or on behalf of any person not therein named; and further says that the said Vendor has not directly or indirectly induced or solicited any Vendor on the above work or supplies to put in a sham proposal, or any other person or corporation to refrain from proposing; and that said Vendor has not in any manner sought by collusion to secure to the Vendor an advantage over any other Vendor or Vendors. |

**References.**

Provide a minimum of two (2) references for which the Firm has delivered services similar in scope as described in the Solicitation.

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| --- |
| **Reference 1** |
| Company Name:Contact:Phone:Email: |                      |
| **Reference 2** |
| Company Name:Contact:Phone:Email: |                      |

**Vendor Acknowledgment and Statement of Truth.**

I certify that I am an Authorized Representative of the Vendor who has the authority and knowledge to complete the Proposal Form Certification.

Furthermore, I certify that all information provided is true and correct. Additionally, Vendor verifies they have reviewed the General Conditions of this Proposal and are in agreement.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_

 **Authorized Representative Signature, Title, Date**