**REQUEST FOR QUALIFICATIONS:**

**OUR415 COORDINATED COMMUNICATIONS**

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| **SOURCING EVENT ID:** | **0000008654** |
| **DATE ISSUED:**  | **September 1, 2023** |
| **DEADLINE FOR SUBMISSION:** | **October 2, 2023** |

**ATTACHMENT 1 – PROPOSAL COVERSHEET AND REFERENCES**

**SECTION 1 – PROPOSER INFORMATION**

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| **APPLICANT’S CONTACT INFORMATION***(If using nonprofit fiscal agent, please provide all information from this section for the agent in a separate attachment)* |
| **Organization Name:** |  |
| **Contact Name:** |  |
| **Title:** |  |
| **Street Address:** |  |
| **City & Zip Code:** |  |
| **Telephone:** |  |
| **E-mail:** |  |

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| **Organization’s current annual budget** | $ |
| **Is the organization a registered City Supplier?** | [ ] Yes [ ] No |
| ***If Yes, what is your Supplier ID?*** |  |
| **Federal Tax ID:** |  |
| **Have you registered your business with the San Francisco Treasurer & Tax Collector as required prior to submission of any Proposal?** | [ ] Yes [ ] No |
| ***If Yes, what is your Business Tax Registration ID?*** |  |
| **Do you certify that you have complied and will continue to comply with the terms of this RFQ’s “Limitation on Communications during Solicitation” section (see Section II)?** | [ ] Yes [ ] No |
| **Has your organization enrolled with Paymode-X to receive electronic payments from the City?**[**https://www.paymode.com/city\_countyofsanfrancisco**](https://www.paymode.com/city_countyofsanfrancisco) | [ ] Yes [ ] No |
| **Are you claiming LBE preference on this solicitation per Chapter 14B?*****NOTE: To claim LBE preference for this solicitation, you must be certified in the following LBE certification categories by the Proposal Due Date:*** | [ ] Yes [ ] No |
| **If *Yes, list LBE Certification Category/Categories*** |  |
| **Have you submitted with your Proposal all the Required Supporting Documentation outlined in the accompanying solicitation document?** | [ ] Yes [ ] No |
| ***If you reply NO to any document, please explain.*** |  |
| **Have you submitted with your Proposal all the Minimum Qualification Documentation outlined in the accompanying solicitation document?** | [ ] Yes [ ] No |
| ***If you reply NO to any document, please explain.*** |  |
| **Have you submitted with your Proposal a Written Proposal that complies with the requirements of the accompanying solicitation document?** | [ ] Yes [ ] No |
| ***If you reply NO to any document, please explain*.** |  |

**SECTION II – PROPOSER QUESTIONNAIRE**

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| **Service Area(s) Your Organization is Applying In:** |
| [ ]  Service Area 1: Web-Based Design & Development[ ]  Service Area 2: Online Service Inventory Database[ ]  Service Area 3: Event Design, Planning & Production[ ]  Service Area 4: Brand & Digital Marketing Services |

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| **Applicant’s Experience & Current Work:**  |
| Number of years providing services in the Service Areas checked off above: |  |
| Is your organization currently providing services for DCYF? | [ ] Yes [ ] No |
| Is your organization currently providing services for other City Departments? | [ ] Yes [ ] No |
| *If yes, please provide the information below for the current services you are providing to other San Francisco City Departments* |
| **City Department** | **Contract Length** | **Contract Amount** | **Brief Description of Scope of Work** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

**SECTION III – PROPOSER REFERENCES**

All proposers, including current Contractors, must provide references for at least three (3) organizations of the approximate size and volume comparable to 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.

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| **Reference 1** |
| **Organization Name:** |  |
| **Contact Name:** |  |
| **Title:** |  |
| **Street Address:** |  |
| **City & Zip Code:** |  |
| **Telephone:** |  |
| **E-mail:** |  |
| **Number of Years Providing Service** |  |

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| **Reference 2** |
| **Organization Name:** |  |
| **Contact Name:** |  |
| **Title:** |  |
| **Street Address:** |  |
| **City & Zip Code:** |  |
| **Telephone:** |  |
| **E-mail:** |  |
| **Number of Years Providing Service** |  |

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| **Reference 3** |
| **Organization Name:** |  |
| **Contact Name:** |  |
| **Title:** |  |
| **Street Address:** |  |
| **City & Zip Code:** |  |
| **Telephone:** |  |
| **E-mail:** |  |
| **Number of Years Providing Service** |  |

**SECTION 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 Sourcing Event ID 0000008654 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.

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| **Organization Name:** |  |
| **Signature of Authorized Representative of Organization:** |  |
| **Print Name and Title:** |  |
| **Date:** |  |

**SECTION 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.

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| **Organization Name:** |  |
| **Signature of Authorized Representative of Organization:** |  |
| **Print Name and Title:** |  |
| **Date:** |  |