

ATTACHMENT A: RESPONDER DECLARATIONS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- A. **Response Contents.** The information provided is true, correct, and reliable for purposes of evaluation for potential contract award. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the Responder to suspension or debarment proceedings as well as other remedies available by law
- B. **Authorized Signature.** This Declaration is signed by the appropriate person(s), with the authority to contractually bind the Responder, as required by applicable articles, bylaws, resolutions, minutes, and ordinances.
- C. **Non-Collusion Certification.**
1. The Proposal has been arrived at by the Responder independently and has been submitted without collusion and without any agreement, understanding or planned common course of action with any other vendor designed to limit fair or open competition; and
 2. The contents of the Response have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any other individual prior to the due date and time of this Solicitation. Any evidence of collusion among Responders in any form designed to defeat competitive responses will be reported to the Minnesota Attorney General for investigation and appropriate action.
- D. **Organizational Conflicts of Interest.** To the best of Responder's knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to an organizational conflict of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons,
1. a vendor is unable or potentially unable to render impartial assistance or advice to the State;
 2. the vendor's objectivity in performing the contract work is or might be otherwise impaired; or
 3. the vendor has an unfair competitive advantage.
- If after award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing must be made to the State's Chief Procurement Officer which must include a description of the action which the contractor has taken or proposes to take to avoid or mitigate such conflicts. If an organizational conflict of interest is determined to exist, the State may, at its discretion, cancel the contract. In the event the Contractor was aware of an organizational conflict of interest prior to the award of the contract and did not disclose the conflict to OSP, the State may terminate the contract for default. Organizational conflicts of interest terms apply to any subcontractors for this work.
- E. **Copyrighted Material Waiver.** By signing its Response, the Responder certifies that it has obtained all necessary approvals for the reproduction and distribution of the contents of its response.
- F. **Diverse Spend Reporting.** The Sample Contract contains a clause for Diverse Spend Reporting. When this clause applies, Contractor will be required to register in a free portal to report diverse spend.

Please see [Diverse Spend Reporting Frequently Asked Questions](#) for additional information.

By signing this form, Responder acknowledges and certifies compliance with all applicable requirements indicated above.

Company Name: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone Number: _____

Email Address: _____

ATTACHMENT B: EXCEPTIONS TO STATE’S TERMS AND CONDITIONS

The State presumes a responder agrees to the terms and conditions of this solicitation unless a responder takes specific exception to one or more of the conditions on this form.

The State reserves the right to reject, negotiate, or accept any exception listed to the State’s terms and conditions (including those found in the attached Sample Contract).

INSTRUCTIONS: A responder must explicitly list all exceptions to State’s terms and conditions, if any (including those found in the attached Sample Contract). Reference the clause number and page number of the State's term and condition for each of a responder’s exceptions. If no exceptions exist, state "NONE" specifically on the form below. Whether or not exceptions are taken, the Responder must sign and date this form and submit it as part of their response. *(Add additional pages if necessary.)*

Clause and Page Number	Suggested Change to Clause	Explanation or Justification

By signing this form, I acknowledge that the above-named responder accepts, without qualification, all terms and conditions stated in this solicitation (including the sample contract) except those clearly outlined as exceptions above.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

ATTACHMENT C: COST DETAIL

Responders must submit Attachment C “Cost Detail” form to submit their Cost Proposal. The rate(s) identified in the Cost Proposal must include all costs, including but not limited to: travel expenses, mass mailings, fees, commissions, compensation, equipment, supplies, building materials, direct and indirect costs, and other charges.

Identify the level of the State’s participation in the contract and details of cost allowances for this participation. The State does not make regular payments based solely upon the passage of time; it only pays for services performed or work delivered after it is accomplished.

Submit the Attachment C: Cost Proposal as a separate document(s) from your technical response for all copies of the Proposal. Do not include any cost information in the Technical Proposal part of the response. The Proposal must be open for acceptance until a contract is executed, the Solicitation is cancelled, or 180 days after the due date and time of the Solicitation, whichever comes first.

DELIVERABLES	DESCRIPTION	COST
<p>Component 1a</p>	<p>Counter – 60” # of units: 6 Dimensions: Height: 42” Width: 60” Depth: 24”</p> <p>Description: Counter base cabinet finished on 3 sides, with the one open side running the width of the cabinet. Laminate countertop. Counter cabinets can be arranged and attached in different configurations. Base cabinet has one adjustable shelf running the width of the unit. The base cabinet top has framing that allows drawers to be attached to the underside of the countertop.</p> <p>Additional Changes: Repair bottom hinge on Box #2- as seen in the pictures in the RFP</p>	<p>\$ _____</p>
<p>Component 1b</p>	<p>Counter – 54” # of units: 1 Dimensions: Height: 33” Width: 54” Depth: 24”</p> <p>Description: Counter base cabinet finished on 3 sides, with the one open side running the width of the cabinet. Laminate countertop. Can attach 54” counter unit to the 60” counter units in different configurations. Framing on the base top that allows drawings to be attached to the underside of the countertop.</p> <p>Additional Changes: Drill 2nd hole on top of counter to match existing hole, hole should be about 2.25” in diameter</p>	<p>\$ _____</p>
<p>Component 1c</p>	<p>Counter – 48” # of units: 1</p>	<p>\$ _____</p>

	<p>Dimensions: Height: 42" Width: 48" Depth: 24"</p> <p>Description: Counter base cabinet finished on 3 sides, with the one open side running the width of the cabinet. Laminate countertop. Counter cabinets can be arranged and attached in different configurations. Base cabinet has one adjustable shelf running the width of the unit. The base cabinet top has framing that allows drawers to be attached to the underside of the countertop. For indoor/outdoor use.</p>	
Component 1d	<p>Counter – 36" # of units: 1</p> <p>Dimensions: Height: 42" Width: 36" Depth: 24"</p> <p>Description: Counter base cabinet finished on 3 sides, with the one open side running the width of the cabinet. Laminate countertop. Counter cabinets can be arranged and attached in different configurations. Base cabinet has one adjustable shelf running the width of the unit. For indoor/outdoor use.</p>	\$ _____
Component 2a	<p>Beneficiary Kiosk Base # of units: 2</p> <p>Dimensions: Height: 44" Width: 36" Depth: 24"</p> <p>Description: Beneficiary Kiosk Base finished on 4 sides. Laminate countertop in medium grey. Base on heavy duty outdoor casters.</p> <p>Required Changes:</p> <ul style="list-style-type: none"> • Paint 4 sides on outside of kiosk bases – light grey, easy to wash, durable outdoor paint, resistant to dirt & pencil marks • Fill in chips in siding on outside of kiosks • Repair popped siding on outside of kiosks • Clean laminate tops of kiosks & remove scuffs 	\$ _____
Component 2b	<p>Beneficiary Kiosk Top – Signs # of units: 2</p> <p>Dimensions: No more than 40" tall total, each kiosk has a roof with 2 panels that are each 36" wide x 15" tall</p> <p>Description: Sign holder has a 15" gap between the countertop and the bottom of the sign frame: the holder extends from 15" to 40" above the countertop. Sign holders have 2 sides to be inserted into frames with a light box inserted between the frames to backlight both signs. The unit has a top to protect the lights from the weather. Indoor/outdoor use.</p> <p>Required Changes:</p> <ul style="list-style-type: none"> • Replace roof panels, replacement should be smooth, dark grey, easy to clean, durable for outdoors 	\$ _____

	<ul style="list-style-type: none"> • Paint posts & kiosk roof frame – white, enamel, easy to clean, resistant to dirt & pencil mark 	
Component 3a	<p>Scratching Post Base # of units: 3</p> <p>Dimensions: Current Circular Countertop Diameter: 36" Circular Base: Height: 44" Diameter: 24"</p> <p>Description: Round laminate countertop in medium grey. Base has lockable, swinging door to access inside storage. Mainly for outdoor use.</p> <p>Required Changes:</p> <ul style="list-style-type: none"> • Replace counter, new counter should not have slots leading to inside scratching posts like they are currently, dark grey (close to current color), easy to clean. New counter should have diameter of 38" • Paint 4 sides on outside of scratching post bases – light grey, easy to wash, durable outdoor paint, resistant to dirt & pencil marks • Fill in chips in siding on outside of scratching posts • Repair popped siding on outside of scratching posts 	\$ _____
Component 3b	<p>Scratching Post Top – Signs # of units: 3</p> <p>Dimensions: Extends 40" above countertop. Removable for transport and storage.</p> <p>Description: Sign holder is 3-sided for insertable back-lit signs. A light box is inserted in the middle of the triangular shape to backlight the 3 signs. The Scratching Post Top is covered to protect lights from the weather. Mainly for outdoor use. Tri roof with flat top at center.</p> <p>Required Changes:</p> <ul style="list-style-type: none"> • Replace roof - Must be waterproof and sturdy for outdoor use. Can be circular/cone or tri roof. Must have flat surface at top that is approximately 6" in diameter and can be screwed into. Roof sides should extend 24" from top center. Dark grey color. • Paint all sides on outside of scratching post tops – white, easy to wash, durable outdoor paint, resistant to dirt & pencil marks • Fill in chips in siding on outside of scratching posts 	\$ _____
Component 4a	<p>Draw Drum Display Base # of units: 1</p> <p>Dimensions: Height: 33" Width: 50" Depth: 28"</p>	\$ _____

	<p>Description: Draw Drum Display Base finished on 4 sides. For indoor/outdoor use. The Draw Drum Display base interior is accessible for storage with access door that is lockable. Base is on heavy-duty outdoor-use casters.</p> <p>Required Changes:</p> <ul style="list-style-type: none"> • Paint sides of base - light grey, easy to wash, durable outdoor paint, resistant to dirt & pencil marks 	
<p>Component 4b</p>	<p>Draw Drum Display Top # of units: 1</p> <p>Dimensions: Height: 33" Width: 50" Depth:28" ; roof panels are each 60.5" wide x 23" tall.</p> <p>Description: Top of the Draw Drum Display unit provides rain/weather shelter for the Display base. Top opens on 4 sides.</p> <p>Required Changes:</p> <ul style="list-style-type: none"> • Replace roof panels, replacement should be smooth, dark grey, easy to clean, durable for outdoors. New panels should be 60.5" wide x 24" tall. • Paint posts & drawing drum display roof frame – white, enamel, easy to clean, resistant to dirt & pencil marks • Run rope light along center of underside of roof going long way. Rope light should illuminate counter. Hole for rope light cord should be drilled near the top of one of the corner posts and the cord should be run through hole so it can be plugged in inside storage area in base 	<p>\$ _____</p>
<p>TOTAL COST</p>		<p>\$ _____</p>

ATTACHMENT D: RESPONDER FORMS

**STATE OF MINNESOTA
VETERAN-OWNED PREFERENCE FORM**

Unless a greater preference is applicable and allowed by law, in accordance with Minn. Stat. §16C.16, subd. 6a, the State will award a 6% preference on State procurement to certified small businesses that are majority owned and operated by veterans.

Veteran-Owned Preference Requirements - See Minn. Stat. § 16C.19(d):

- 1) The business has been certified by the Office of Equity in Procurement as being a veteran-owned or service-disabled veteran-owned small business.

or

- 2) The principal place of business is in Minnesota AND the United States Department of Veterans Affairs verifies the business as being a veteran-owned or service-disabled veteran-owned small business under Public Law 109-461 and Code of Federal Regulations, title 38, part 74 (Supported By Documentation).

Statutory requirements and appropriate documentation must be met **by the solicitation response due date and time** to be awarded the veteran-owned preference.

Claim the Preference

By signing below, I confirm that:

My company is claiming the veteran-owned preference afforded by Minn. Stat. § 16C.16, subd. 6a. By making this claim, I verify that:

- The business has been certified by the Office of Equity in Procurement as being a veteran-owned or service-disabled veteran-owned small business.

or

- My company's principal place of business is in Minnesota **and** the United States Department of Veteran's Affairs verifies my company as being a veteran-owned or service-disabled veteran-owned small business (Supported By Attached Documentation)

Name of Company: _____ Date: _____
Authorized Signature: _____ Telephone: _____
Printed Name: _____ Title: _____

Attach documentation, sign, and return this form with your solicitation response to claim the veteran-owned preference.

**STATE OF MINNESOTA
WORKFORCE CERTIFICATE INFORMATION FORM**

Required by State law for ALL bids or proposals that could exceed \$100,000

Complete this form and return it with your bid or proposal. The State of Minnesota is under no obligation to delay proceeding with a contract until a company becomes compliant with the Workforce Certification requirements in Minn. Stat. §363A.36.

BOX A – COMPANIES that have employed more than 40 full-time employees WITHIN MINNESOTA on any single working day during the previous 12 months, check one option below:	
<input type="checkbox"/>	Attached is our current Workforce Certificate issued by the Minnesota Department of Human Rights (MDHR).
<input type="checkbox"/>	Attached is confirmation that MDHR received our application for a Minnesota Workforce Certificate on _____(date).
BOX B – NON-MINNESOTA COMPANIES that have employed more than 40 full-time employees on a single working day during the previous 12 months in the state where it has its primary place of business, check one option below:	
<input type="checkbox"/>	Attached is our current Workforce Certificate issued by MDHR.
<input type="checkbox"/>	We certify we are in compliance with federal affirmative action requirements.
BOX C – EXEMPT COMPANIES that have not employed more than 40 full-time employees on a single working day in any state during the previous 12 months, check option below if applicable:	
<input type="checkbox"/>	We attest we are exempt. If our company is awarded a contract, upon request, we will submit to MDHR within 5 business days after the contract is fully signed, the names of our employees during the previous 12 months, the date of separation, if applicable, and the state in which the persons were employed. Send to compliance.MDHR@state.mn.us .
By signing this statement, I certify that the information provided is accurate and that I am authorized to sign on behalf of the company.	
Name of Company: _____	Date _____
Authorized Signature: _____	Telephone number: _____
Printed Name: _____	Title: _____

For assistance with this form, contact:

Minnesota Department of Human Rights, Compliance Services

Web: <http://mn.gov/mdhr/> TC Metro: 651-539-1095 Toll-Free: 800-657-3704

Email: compliance.MDHR@state.mn.us. TTY: 651-296-1283

**STATE OF MINNESOTA
EQUAL PAY CERTIFICATE**

If your response could be in excess of \$500,000, please complete and submit this form with your submission. **It is your sole responsibility to provide the information requested and when necessary to obtain an Equal Pay Certificate (Equal Pay Certificate) from the Minnesota Department of Human Rights (MDHR) prior to contract execution. You must supply this document with your submission.** Please contact MDHR with questions at: 651-539-1095 (metro), 1-800-657-3704 (toll free), 711 or 1-800-627-3529 (MN Relay) or at compliance.MDHR@state.mn.us.

Option A – If you have employed 40 or more full-time employees on any single working day during the previous 12 months in Minnesota or the state where you have your primary place of business, please check the applicable box below:

- Attached is our current MDHR Equal Pay Certificate.
- Attached is MDHR’s confirmation of our Equal Pay Certificate application.

Option B – If you have not employed 40 or more full-time employees on any single working day during the previous 12 months in Minnesota or the state where you have your primary place of business, please check the box below.

- We are exempt. We agree that if we are selected we will submit to MDHR within five (5) business days of final contract execution, the names of our employees during the previous 12 months, date of separation if applicable, and the state in which the persons were employed. Documentation should be sent to compliance.MDHR@state.mn.us.

The State of Minnesota reserves the right to request additional information from you. **If you are unable to check any of the preceding boxes, please contact MDHR to avoid a determination that a contract with your organization cannot be executed.**

Your signature certifies that you are authorized to make the representations, the information provided is accurate, the State of Minnesota can rely upon the information provided, and the State of Minnesota may take action to suspend or revoke any agreement with you for any false information provided.

Authorized Signature	Printed Name	Title
----------------------	--------------	-------

Organization	MN/FED Tax ID#	Date
--------------	----------------	------

Issuing Entity	Project # or Lease Address
----------------	----------------------------