### ATTACHMENT A: PRICING PROPOSAL

In addition to completing this cover sheet, Respondents shall provide a detailed price proposal based on their approach to delivering the scope of services in this RFP. Note that Centralina is unable to accept unlimited reimbursable expenses. Any proposed reimbursable expenses must be capped in the price proposal.

**Company Name**: Click or tap here to enter text.

|  |  |
| --- | --- |
| Total price for all services and deliverables | Click or tap here to enter text. |
| Total reimbursable expenses cap | Click or tap here to enter text. |
| Total price proposal | Click or tap here to enter text. |

*Please attach a full price proposal that references the specific tasks and deliverables outlined in Section 5. The format of the price proposal is at the discretion of the respondent.*

### ATTACHMENT B: REFERENCES

Respondent **must** provide a minimum of three (3) references for whom you have performed similar services as described herein. **Note:** E-mail addresses must be valid. Failure to provide a valid email may subject the Respondent’s proposal to rejection.

**Company Name:** Click or tap here to enter text.

**Reference 1:**

|  |  |
| --- | --- |
| Client Name | Click or tap here to enter text. |
| Type of Service / Scope of Work | Click or tap here to enter text. |
| Performance Dates | Click or tap here to enter text. |
| Contact Name | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Reference 2:**

|  |  |
| --- | --- |
| Client Name | Click or tap here to enter text. |
| Type of Service / Scope of Work | Click or tap here to enter text. |
| Performance Dates | Click or tap here to enter text. |
| Contact Name | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

**Reference 3:**

|  |  |
| --- | --- |
| Client Name | Click or tap here to enter text. |
| Type of Service / Scope of Work | Click or tap here to enter text. |
| Performance Dates | Click or tap here to enter text. |
| Contact Name | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

### ATTACHMENT C: LOCATION OF WORKERS UTILIZED BY RESPONDENT

**Company Name:** Click or tap here to enter text.

*In accordance with NC General Statute 143-59.4, the Respondent shall detail the location(s) at which performance will occur, as well as the manner in which it intends to utilize resources or workers outside of the United States in the performance of this Contract. Centralina will evaluate the additional risks, costs, and other factors associated with such utilization prior to making an award. Please complete items a, b, and c below.*

**Will any work under this Contract be performed outside the United States?**

|  |  |
| --- | --- |
| YES | NO |

If the Respondent answered “YES” above, Respondent shall complete items 1 and 2 below:

* 1. List the location(s) outside the United States where work under this Contract will be performed by the Respondent, any sub-Contractors, employees, or other persons performing work under the Contract:

Click or tap here to enter text.

* 1. Describe the corporate structure and location of corporate employees and activities of the Respondent, its affiliates or any other sub-Contractors that will perform work outside the U.S.:

Click or tap here to enter text.

**The Respondent agrees to provide notice, in writing to Centralina, of the relocation of the Respondent, employees of the Respondent, sub-Contractors of the Respondent, or other persons performing services under the Contract outside of the United States**

|  |  |
| --- | --- |
| YES | NO |

**Identify all U.S. locations at which performance will occur:**

Click or tap here to enter text.

### ATTACHMENT D: CERTIFICATION OF FINANCIAL CONDITION

**Company Name**: Click or tap here to enter text.

The undersigned hereby certifies that: [check all applicable boxes]

The Respondent is in sound financial condition and, if applicable, has received an unqualified audit opinion for the latest audit of its financial statements.

Date of latest audit: Click or tap here to enter text.

The Respondent has no outstanding liabilities, including tax and judgment liens, to the Internal Revenue Service or any other government entity.

The Respondent is current in all amounts due for payments of federal and state taxes and required employment- related contributions and withholdings.

The Respondent is not the subject of any current litigation or findings of noncompliance under federal or state law.

The Respondent has not been the subject of any past or current litigation, findings in any past litigation, or findings of noncompliance under federal or state law that may impact in any way its ability to fulfill the requirements of this Contract.

He or she is authorized to make the foregoing statements on behalf of the Respondent.

***Note:*** *This shall constitute a continuing certification and Respondent shall notify the Contract Lead within 15 days of any material change to any of the representations made herein*.

##### If any one or more of the foregoing boxes is NOT checked, Respondent shall explain the reason in the space below:

Click or tap here to enter text.

Signature Date

Printed Name Title

##### [This Certification must be signed by an individual authorized to speak for the Respondent]

**ATTACHMENT E: CERTIFICATION OF INSURANCE**

Respondents should attach proof of insurance for the type of work solicited in this RFP, including, but not limited to Workers Compensation and Commercial General Liability coverage.

**Company Name**: Click or tap here to enter text.

***This Space is Intentionally Left Blank***