TOWN OF TRUMBULL & BOARD OF EDUCATION
TRUMBULL, CONNECTICUT
REQUEST FOR PROPOSAL
VOIP TELEPHONE SYSTEM

PROPOSAL 6211 DUE: JANUARY 5, 2017 @ 2:00PM

Addendum #1 Amended 12-15-16

STATEMENT OF QUALIFICATIONS AND A FORM FOR REFERENCES AND SUB-CONTRACTORS
REFERENCES
(To be submitted with proposal – attach additional pages as necessary)

List references for similar services provided for at least four (4) clients in the past five (5) years (attach any other client references if desired). PLEASE NOTE IT IS THE TOWN'S INTENT TO COMMUNICATE WITH THE REFERENCES LISTED HEREIN.

CLIENT 1:

Organization Name: ________________________________________________

Contact Name: __________________________________________ Phone: ____________________________

Service Dates: _____________________________________________________

Project(s):   ___________________________________________________________________________________

CLIENT 2:

Organization Name: ________________________________________________

Contact Name: __________________________________________ Phone: ____________________________

Service Dates: _____________________________________________________

Project(s):   ___________________________________________________________________________________

CLIENT 3:

Organization Name: ________________________________________________

Contact Name: __________________________________________ Phone: ____________________________

Service Dates: _____________________________________________________

Project(s):   ___________________________________________________________________________________

CLIENT 4:

Organization Name: ________________________________________________

Contact Name: __________________________________________ Phone: ____________________________

Service Dates: _____________________________________________________

Project(s):   _______________________________________________________________________________
THE PROPOSER SHALL STATE THE NAMES OF ALL PROPOSED SUBCONTRACTORS (to be submitted with proposal)

PROPOSED SUBCONTRACTORS

If none, write "None" ________________________________

*Description of Work ______________________________________
Proposed Subcontractor Name ________________________________
Address _________________________________________________

*Description of Work ______________________________________
Proposed Subcontractor Name ________________________________
Address _________________________________________________

*Description of Work ______________________________________
Proposed Subcontractor Name ________________________________
Address _________________________________________________

*Description of Work ______________________________________
Proposed Subcontractor Name ________________________________
Address _________________________________________________
*Insert description of work and subcontractors' names as may be required.

This is to certify that the names of the above mentioned subcontractors are submitted with full knowledge and consent of the respective parties.

The Proposer warrants that none of the proposed subcontractors have any conflict of interest as respects this contract.

Proposer ________________________________
(Fill in Name)

By ________________________________
(Signature and Title)
STATEMENT OF QUALIFICATIONS (To be submitted with proposal)

Submitted by:

Name of Organization ___________________________________________________________

Name of Individual _____________________________________________________________

Title _________________________________________________________________

Address _______________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Telephone ___________ Fax: ___________ Cell: ___________

General Business Information

Check If: _____Corporation _____Partnership _____Joint Venture _____Sole Proprietorship

If Corporation:

a. Date and State of Incorporation

_____________________________________________________________________________

_____________________________________________________________________________

b. List of Officers

Name Title

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

If Partnership

a. Date and State of Organization

_____________________________________________________________________________
b. Names of Current General Partners

_____________________________________________________________________________

c. Type of Partnership

General Publicly Traded

Limited other (describe): _________________________________

If Joint Venture:

a. Date and State of Organization

_____________________________________________________________________________

b. Name, Address and Form of Organization of Joint Venture Partners: (Indicate managing partner by an asterisk*)

_____________________________________________________________________________

_____________________________________________________________________________

If Sole Proprietorship:

a. Date and State of Organization

_____________________________________________________________________________

_____________________________________________________________________________

b. Name and Address of Owner or Owners

_____________________________________________________________________________

_____________________________________________________________________________
1. On Schedule A, attached, list major engineered construction projects completed by this organization in the past five (5) years. (If a joint venture lists each participant’s projects separately).

2. On Schedule B, attached, list current projects under construction by this organization. (If joint venture, list each participant’s projects separately).

3. Name of Surety Company and name, address, and phone number of agent.

_____________________________________________________________________________

_____________________________________________________________________________

4. Is your organization a member of a controlled group of corporations as defined in I.R.C. Sec. 1563?

   Yes___    No____

   If yes, show names and addresses of affiliated companies.

   ________________________________________________________________________

5. Furnish on Schedule C, attached, details of the construction experience of the principal individuals of your organization directly involved in construction operations.

6. Has your organization ever failed to complete any construction contract awarded to it?

   Yes___    No____

   If yes, describe circumstances on attachment.

7. Has any Corporate officer, partner, joint venture participant or proprietor ever failed to complete a construction contract awarded to him or her in their own name or when acting as a principal of another organization?

   Yes___    No____

   If yes, describe circumstances on attachment.
8. In the last five years, has your organization ever failed to substantially complete a project in a timely manner?

Yes___  No ___

If yes, describe circumstances on attachment.

I hereby certify that the information submitted herewith, including any attachment is true to the best of my knowledge and belief.

Name of Organization: ______________________________

By: ______________________________

Title: ______________________________

Dated: ______________________________

All other questions for this RFP may be directed to Mr. Kevin Bova, Purchasing Agent (203-452-5042) kbova@trumbull-ct.gov