## FORM D: Certification (Required for Proposer and each Team Member)

**Proposer:**

**Name of Firm Completing Form D:**

1. Has the firm or any affiliate,\* or any current officer, director, or employee of either the firm or any affiliate, been indicted or convicted of bid (i.e., fraud, bribery, collusion, conspiracy, antitrust, etc.) or other contract related crimes or violations or any other felony or serious misdemeanor within the past ten years?

[ ]  Yes [ ]  No

If yes, please explain:

2. Has the firm or any affiliate\* ever sought protection under any provision of any bankruptcy act within the past ten years?

[ ]  Yes [ ]  No

If yes, please explain:

3. Has the firm or any affiliate\* ever been disqualified, removed, debarred, or suspended from performing work for the federal government, any state or local government, or any foreign governmental entity within the past ten years?

[ ]  Yes [ ]  No

If yes, please explain:

4. Has the firm or any affiliate\* ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or other material misrepresentation to a public entity within the past ten years?

[ ]  Yes [ ]  No

If yes, as to each such inquiry, state the name of the public agency, the date of the inquiry, the grounds on which the public agency based the inquiry, and the result of the inquiry.

5. Has any project performed or managed by the firm or, to the knowledge of the undersigned, any affiliate\* involved repeated or multiple failures to comply with safety rules, regulations, or requirements within the past ten years?

[ ]  Yes [ ]  No

If yes, please identify the team members and the projects, provide an explanation of the circumstances, and provide owner contact information including telephone numbers.

6. Has the firm or any affiliate\* been found, adjudicated, or determined by any state court, state administrative agency, including, but not limited to, the Colorado Department of Labor, federal court or federal agency, to have violated or failed to comply with any law or regulation of the United States or any state within the past ten years governing prevailing wages (including but not limited to payment for health and welfare, pension, vacation, travel time, subsistence, apprenticeship or other training, or other fringe benefits) or overtime compensation?

[ ]  Yes [ ]  No

If yes, please explain:

7. With respect to each of Questions 1-6 above, if not previously answered or included in a prior response on this form, is any proceeding, claim, matter, suit, indictment, etc. currently pending against the firm that could result in the firm being found liable, guilty or in violation of the matters referenced in Questions 1-7 above and/or subject to debarment, suspension, removal, or disqualification by the federal government, any state or local government, or any foreign governmental entity?

[ ]  Yes [ ]  No

If yes, please explain and provide the information requested as to such similar items set forth in Questions 1-7 above.

8. In the past five (5) years, has the firm of an affiliate\* or any proposed subconsultants ever been removed from a contract or failed to complete a contract as assigned? Submit full details of the terms for removal from the contract. Identify the other party, its name, address, and telephone number. Present the position of the firm or affiliate\* on the matter. If the firm and affiliates\* have experienced no such termination for default in the past five (5) years, indicate accordingly.

[ ]  Yes [ ]  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* The term “Affiliate” is as defined in the RFQ.

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm’s Official Representative:

By:

Print Name:

Title:

Date:

## FORM E: SOQ Responsiveness Verification

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Responsiveness Criteria | RFQ Reference | Satisfied[[1]](#footnote-2) |
| (1) | SOQ conforms to all RFQ instructions regarding organization, format and content, including page limitations | Section [4](#_bookmark180)  |  |
| (2) | SOQ includes each of the following: |  |  |
|  | (a) Cover Page and Table of Contents |  |  |
|  | (b) Executive Summary | Section 8 |  |
|  | (c) Confidential Contents Index | Section 8 |  |
|  | (d) Relevant Experience | Section 8.2 |  |
|  | (e) Project Approach | Section 8.3 |  |
|  | (f) References | Section 8.4 |  |
|  | (g) Proposer Overview and Project Management Team Information | Section 8.5 |  |
|  | (h) Organizational Chart | Section 8.5 |  |
|  | (i) Statement of Project Approach | Section 8.3 |  |
| (3) | Appendix #1 to the SOQ includes each of the following: |  |  |
|  | (a) Transmittal Letter (Form A) | Section 8 |  |
|  | (b) Completed Form B (*Projects & Clients List)* and Form C *(Detailed Project Descriptions)* | Section 8.2 |  |
|  | (c) Conflict of Interest DisclosuresEither: (i) confirmation of absence of any organizational conflicts of interest; or (ii) narrative description of any such organizational conflicts of interest (if disclosure, include in appendix) | Section 6 |  |
|  | (d) Legal Disclosures | Section 8.6 |  |
|  | (e) Completed Form D (*Legal Disclosures*) | Section 8.6 |  |
|  | (f) Completed Form E | Section 8.7 |  |
| (4) | Appendix #2 to the SOQ includes each of the following: |  |  |
|  | (a) Identification of a Financially Responsible Party, as evidenced through completion of Form F (*Information Regarding Proposer Team and Financially Responsible Party*) | Section 9.1 |  |
|  | (b) Financial Statements | Section 9.2 |  |
|  | (c) All rating information and materials for the Proposer or Financially Responsible Party | Section 9.3 |  |
|  | (d) Identification of off-balance sheet liabilities, or confirmation of the absence of such liabilities | Section 9.4 |  |

Submitted and verified by:

PROPOSER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By:

Print Name:

Title:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Proposer should check each box to confirm that it believes the relevant Pass/Fail Evaluation Criteria has been satisfied. [↑](#footnote-ref-2)