## FORM A: Transmittal Letter

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

SOQ Date:

CTIO

Attention:

The undersigned (“Proposer”) submits this statement of qualifications (this “SOQ”) in response to the Request for Qualifications dated June 21, 2022 (as amended, the “RFQ”), issued by the CTIO (“CTIO”), to provide a turnkey Commercial Back Office System (CBO) and its operations and maintenance, including providing customer service, and associated interfaces to payment channels, and other external service providers to ensure a high revenue efficiency.

Capitalized terms not otherwise defined herein shall have the meanings set forth in the RFQ.

Enclosed, and by this reference incorporated herein and made a part of this SOQ, are the following:

SOQ: Cover page, Table of Contents, Executive Summary, Confidential Information List, Technical and Legal Qualifications

Appendices: **Forms A-F,** the disclosures provided in response to Section 6, and the disclosures provided in response to Section 8.6 Legal Information ; and

 Financial Qualifications.

Proposer acknowledges access to all materials posted on the following website with respect to the Project: Commercial Tolling Back-Office System And Operations and the following addenda and sets of questions and answers to the RFQ:

Addendum #1 issued on July \_\_\_, 2022;

Q&A Matrix #1 issued on July \_\_\_, 2022

[Proposer to list any other addenda to this RFQ and sets of questions and answers by dates and numbers prior to executing **Form A**]

Proposer represents and warrants that it has read the RFQ and agrees to abide by the contents and terms of the RFQ and the SOQ.

Proposer understands that the CTIO is not bound to qualify any Proposer and may reject each SOQ that CTIO may receive.

Proposer further understands that all costs and expenses incurred by it in preparing this SOQ and participating in the Project procurement process will be borne solely by Proposer.

Proposer agrees that CTIO will not be responsible for any errors, omissions, inaccuracies, or incomplete statements in the RFQ.

Proposer acknowledges and agrees to the protest provisions and understands that it limits Proposer’s rights and remedies to protest or challenge the RFQ or any determination or qualification thereunder.

This SOQ shall be governed by and construed in all respects according to the laws of the State of Colorado.

Proposer's business address:

(No.) (Street) (Floor or Suite)

(City) (State or Province) (ZIP or Postal Code) (Country)

State or Country of Incorporation/Formation/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[insert appropriate signature block from following pages]*

1. Sample signature block for corporation or limited liability company:

*[Insert Proposer’s name]*

By:

Print Name:

Title:

2. Sample signature block for partnership or joint venture:

*[Insert Proposer’s name]*

By: *[Insert general partner’s or member’s name]*

By:

Print Name:

Title:

*[Add signatures of additional general partners or members as appropriate]*

3. Sample signature block for attorney in fact:

*[Insert Proposer’s name]*

Print Name:

Title:

 Attorney in Fact

## FORM B: Projects & Clients List

Use the format below to provide a projects and clients list for no more than 5 tolling industry projects awarded, implemented or operated during the period 2017-2022. See Section 8.2 for description of projects and limitations on projects listed. These are all meant to be single line answers. Do NOT expand. Also, please indicate what type of project the Proposer or Team Member was awarded using the terminology of CBO for indication that such entity provided a CBO to the project, CSC for indication that such entity provided installation and operations of a customer service center; O&M for indication such entity provided operation and maintenance services; and Equipment Only for indication that such entity only provided equipment to the project such as transponders, readers, antennas, etc. Proposer must identify in the table whether the project highlighted represents work undertaken by the entirety of the Proposer team or a specific Team Member. If an Affiliate’s project is being used, identify the Affiliate and identify in parentheses the applicable Team Member related to the Affiliate. Duplicate the below table for each project identified (up to 5 as set forth in Section 8.2).

|  |  |
| --- | --- |
| *Project X* |  |
| Project Name |  |
| Project Description |  |
| Type of Project (CBO, CSC, O&M, Equipment only) |  |
| Proposer or Team Member (if Team Member, identify role (e.g., Lead Firm or Major Subcontractor) |  |
| Client Name |  |
| Client Contact Person |  |
| Client Phone Number |  |
| Client Email Address |  |
| Award Date |  |
| Status of Project |  |
| Project Award Contract Value |  |
| Current Contract Value |  |
| Contracted Delivery Date |  |
| On Schedule (Yes or No) |  |
| In no, explain briefly  |  |

## FORM C: Detailed Project Descriptions

Of the projects that were previously listed on **Form B**, please select 3 (three) projects that Proposer would like to highlight that are most relevant to this procurement, subject to the limitations set forth in Section 8.2. Proposer must identify in the table whether the project highlighted represents work undertaken by the entirety of the Proposer team or a specific Team Member. If an Affiliate’s project is being used, identify the Affiliate and identify in parentheses the applicable Team Member related to the Affiliate. Please note that if a portion of the questions are not applicable to the project Proposer has selected to highlight, please indicate with “N/A.” Duplicate the below table for each project identified (up to 3 as set forth in Section 8.2).

[See table on next page]

|  |
| --- |
| ***Project X*** |
| Client/Operator Name |  |
| Proposer or Team Member (if Team Member, identify role (e.g., Lead Firm or Major Subcontractor) |  |
| Project Name |  |
| Project Description |  |
| Project Pricing/Budget |  |
| Team Member’s Contract Value |  |
| Client Contact Information |
| Name of Client Contact |  |
| Email |  |
| Phone |  |
| Number of Accounts |
| Prepaid |  |
| Post Paid |  |
| Lanes |
| Number of Tolled Equipment Lanes |
| Equipment |
| Contract Value of Equipment (if supplied by Team Member) |  | Type | Protocol(s) if applicable |
| Transponder |  |  |
| Servers (note cloud provider if cloud based) |  |  |
| Workstations (quantity and manufacturer model) |  |  |
| IVR Systems (note cloud provider if cloud based) |  |  |
| Customer Service Center (CSC) | Value of Number |
| Contract Value of CSC Startup |  |
| Contract Value of CSC Annual Operations |  |
| Number of CSRs (include supervisors) provided by Team Member |  |
| Number of Image Reviewers provided by Team Member |  |
| Total Number of Staff supplied by Team Member |  |
| Back Office System | Yes/No |
| Contract Value of CBO |  |  |
| Integrate with 3rd Party System |  |  |
| Integrate with Team Member’s System |  |  |
| Violations/Pay by Plate Processing | Value or Number | Yes/No |
| Contract Value of Violations/Pay by Plate Processing |  |  |
| # of Violations/Pay by Plate (front and rear image(s) considered as one |  |  |
| Integrated with Team Member’s collection system? (Yes or No) |  |

## 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 Proposer 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 Proposer’s position on the matter. If Proposer team members 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-1) |
| (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) Either: (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](#_bookmark205) |  |
|  | (j) completed Form C (*Detailed Project Descriptions*)  | Section 8.2 |  |
|  | (k) 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 Disclosures | 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:

## FORM F: Information Regarding Proposer Team and Financially Responsible Party

**Name of Proposer:**

**Proposer’s Official Representative:**

**Title:**

**Telephone Number:**

**Email Address:**

**List each Team Member and Indicate Role (Equity Member, Lead Firm, Major Subcontractor, etc.):**

**Identify the Proposer’s Financially Responsible Party(ies):**

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-1)