



**ATTACHMENT A
OFFER FORM**

CITY OF PHOENIX

TO THE CITY OF PHOENIX - The Undersigned hereby offers and agrees to furnish the material and or service(s) in compliance with all terms, conditions, specifications, and addenda issued as a result of solicitation and any written exceptions in the offer.

Arizona Sales Tax No. _____

Use Tax No. for Out-of-State Suppliers _____

City of Phoenix Sales Tax No. _____

Arizona Corporation Commission File No. _____

Taxpayer's Federal Identification No.: If recommended for contract award, Bidder agrees to provide its federal taxpayer identification number or as applicable its social security number to the City of Phoenix for the purposes of reporting to appropriate taxing authorities, monies paid by the City of Phoenix under the awarded contract. If the Bidder provides its social security number, the City will only share this number with appropriate state and federal officials. This submission is mandatory under 26 U.S.C. § 6041A.

Enter City's Registration System ID Number
 Located at City's eProcurement website (see SECTION I
 – INSTRUCTIONS - CITY'S REGISTRATION)

Offeror has read, understands, and will fully and faithfully comply with this solicitation, its attachments and any referenced documents. Offeror certifies that the prices offered were independently developed without consultation with any other Offeror or potential Offerors.

Authorized Signature

Date

(LLC, Inc., Sole Proprietor)

Printed Name and Title
(Member, Manager, President)

Address _____

City, State and Zip Code _____

Telephone Number _____

Company's Fax Number _____

Company's Toll Free # _____

Email Address _____



**ATTACHMENT B
CERTIFICATION REGARDING DEBARMENT,
SUSPENSION, AND OTHER INELIGIBILITY AND
VOLUNTARY EXCLUSION**

CITY OF PHOENIX

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER
INELIGIBILITY AND VOLUNTARY EXCLUSION:**

Offeror certifies, by submission of this Offer and certification, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Where the Offeror is unable to certify to any of the statements in this certification, such participant must attach an explanation to this solicitation.

OFFEROR CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED ON OR WITH THIS CERTIFICATION AND UNDERSTANDS THAT THE PROVISIONS OF 31 U.S.C. 3801 ET SEQ. ARE APPLICABLE THERETO.

Authorized Official:

Title of Authorized Official:

Date:



**ATTACHMENT C
CONFIDENTIAL INFORMATION FORM**

CITY OF PHOENIX

CONFIDENTIAL INFORMATION FORM

By checking this box, the Offeror acknowledges that they are not providing any information they declare to be confidential or proprietary.

If Offeror has submitted any information they declare to be confidential or proprietary, please describe below.

Page Title	Confidentiality and Proprietary Information

Note: use additional pages as necessary.

Print Name

Title

Authorized Signature

Date



**ATTACHMENT D
CONFLICT OF INTEREST AND SOLICITATION
TRANSPARENCY FORM**

CITY OF PHOENIX

This form must be signed and submitted to the City and all questions must be answered or your submittal may be considered non-responsive.

1. Name of person submitting this disclosure form.			
First	MI	Last	Suffix
2. Contract Information			
Solicitation # or Name: -			
3. Name of individual(s) or entity(ies) seeking a contract with the City (i.e. parties to the Contract)			
4. List any individuals(s) or entity(ies) that are owners, partners, parent, sublessees, joint venture, or subsidiaries of the individual or entity listed in Question 3. Please include all Board members, executive committee members and officers for each entry. If not applicable, indicate N/A.			
5. List any individuals or entities that will be subcontractors on this contract or indicate N/A.			
<input type="checkbox"/> Subcontractors may be retained, but not known as of the time of this submission.			
<input type="checkbox"/> List of subcontracts, including the name of the owner(s) and business name:			
6. List any attorney, lobbyist, or consultant retained by any individuals listed in Questions 3, 4, or 5 to assist in the proposal or seeking the resulting contract. If none, indicate N/A.			



**ATTACHMENT D
CONFLICT OF INTEREST AND SOLICITATION
TRANSPARENCY FORM**

CITY OF PHOENIX

7. Disclosure of Conflict of Interest:

A. City Code Section 43-34

Are you aware of any fact(s) with regard to this solicitation or resulting contract that would raise a “conflict of interest” issue under City Code Section 43-34?

“An elected City official or a City employee shall not represent any person or business for compensation before the City regarding any part of a procurement, including any resulting contract, if during the time the elected official is or was in office or the employee is or was employed by the City such elected official or employee played a material or significant role in the development of the solicitation, any other part of the procurement, or the contract award.”

- I am not aware of any conflict(s) of interest under City Code Section 43-34.
- I am aware of the following potential or actual conflict(s) of interest:

B. ARS Sections 38-501 et. Seq. & City Charter Chapter 11

State law and the Phoenix City Charter and Code prohibit public officers or employees, their close relatives, and any businesses they, or their relatives, own from (1) representing before the City any person or business for compensation, (2) doing business with the City by any means other than through a formal procurement, and (3) doing business with the City without disclosing that the person has an interest in the contract. This prohibition extends to subcontracts on City contracts and also applies to parent, subsidiary, or partner businesses owned by a public officer or employee. See A.R.S. Sections 38-501 through 38-511, for more information (City Charter, Chapter 11, applies the state conflict-of-interest law to City employees).

Please note that any contract in place at the time a person becomes a public officer or employee may remain in effect. But the contract may not be amended, extended, modified, or changed in any manner during the officer’s or employee’s city service without following city administrative regulations.

Are you aware of any fact(s) with regard to this contract that would raise a “conflict of interest” issue under A.R.S. Sections 38-501 through 38-511 (See Arizona Revised Statutes regarding conflict of interest at www.azleg.gov).

- I am not aware of any conflict(s) of interest under Arizona Revised Statutes Sections 38-501 through 38-511.
- I am aware of the following conflict(s) of interest:



**ATTACHMENT D
CONFLICT OF INTEREST AND SOLICITATION
TRANSPARENCY FORM**

CITY OF PHOENIX

8. Acknowledgements

A. Solicitation Transparency Policy – No Contact with City Officials or Staff During Evaluation

- I understand that a person or entity who seeks or applies for a city contract, or any other person acting on behalf of that person or entity, is prohibited from contacting city officials and employees regarding the contract after a solicitation has been posted.

- This “no-contact” provision only concludes when the contract is awarded at a City Council meeting. If contact is required with City official or employees, the contact will take place in accordance with procedures by the City. Violation of this prohibited contacts provision, set out in City Code Sections 2-190.4 and 43-36, by respondents, or their agents, will lead to **disqualification**.

B. Fraud Prevention and Reporting Policy

- I acknowledge that the City has a fraud prevention and reporting policy and takes fraud seriously. I will report fraud, suspicion of fraud, or any other inappropriate action to: telephone no. 602-261-8999 or 602-534-5500 (TDD); or aud.integrity.line@phoenix.gov.

The purpose of the fraud policy is to maintain the City's high ethical standards. The policy includes a way for our business partners to report wrongdoing or bad behavior. Suspected fraud should be reported immediately to the Phoenix Integrity Line. The City has adopted a zero-tolerance policy regarding fraud.

OATH

I affirm that the statements contained in this form, including any attachments, to the best of my knowledge and belief are true, correct, and complete.

Should any of the answers to the above questions change during the course of the contract, particularly as it relates to any changes in ownership, applicant agrees to update this form with the new information within 30 days of such changes. Failure to do so may be deemed a breach of contract.

PRINT NAME

TITLE

SIGNATURE

DATE

COMPANY (CORPORATION, LLC, ETC.) NAME and DBA

**ATTACHMENT E
AUTHORITY TO SIGN DOCUMENTS
For Individual, Co-Partnership
Or Corporation**

To Whom It May Concern:

_____, does hereby designate and authorize _____, whose signature appears below, to

execute and sign on behalf of _____, the following documents as indicated by checks:
Contractor/Consultant/Company Name

- 1. The Contract
- 2. Amendments
- 3. Invoices
- 4. All other documents or forms submitted necessary to the execution of the contracted services.
- 5. All Four
(Please check one or more of the squares as applicable.)

The authority herein granted shall be and is hereby granted for the duration of Contract # _____ to provide _____ services or until express notice of revocation has been duly given in writing, whichever is the lesser period.

Dated this ____ day of _____, 2022.

By _____ (Signature of Officer) _____ (Title)

(Signature of Persons Authorized to Sign)

STATE OF ARIZONA)
COUNTY OF _____) SS.

This instrument was acknowledged before me this ____ day of _____, 20____
by _____
appearing before the undersigned Notary Public, and stated that he executed such instrument on behalf of said Individual, Co-Partnership, or Corporation for the purpose and consideration therein expressed.

My Commission Expires _____ (Notary Public)



**ATTACHMENT F
REFERENCES**

CITY OF PHOENIX

Provide three (3) references you have provided similar services for in the past two (2) years. Include name, contact information, type of service(s) and dates of service. Do not use the City of Phoenix as a reference.

REFERENCE 1		
Organization:		
Address:		
City:	State:	ZIP Code:
Contact:		Contact Title:
Contact Phone Number:		Contact Email Address:
Brief Description of Services Provided:		
Dates of Service:		
REFERENCE 2		
Organization:		
Address:		
City:	State:	ZIP Code:
Contact:		Contact Title:
Contact Phone Number:		Contact Email Address:
Brief Description of Services Provided:		
Dates of Service:		
REFERENCE 3		
Organization:		
Address:		
City:	State:	ZIP Code:
Contact:		Contact Title:
Contact Phone Number:		Contact Email Address:
Brief Description of Services Provided:		
Dates of Service:		



**ATTACHMENT G
PAYMENT TERMS & OPTIONS**

CITY OF PHOENIX

PAYMENT TERMS & OPTIONS: Vendors must choose an option, if a box is not checked, the City will default to 0% - net 45 days:

- Contractor offers a prompt payment discount of either ____% 30 days or 0% 45 days to apply after receipt of invoice or final acceptance of the products (invoice approval), whichever date is later, starts the 30 days. If no prompt payment discount is offered, the default is 0%, net 45 days; effective after receipt of invoice or final acceptance of the products, whichever is later. **Payment terms offering a discount will not be considered in the price evaluation of your offer.**

- Contractor may be paid immediately upon invoice approval, if enrollment is made to the Single Use Account (SUA) Program, administered by the City's servicing bank ("Bank"). By checking this box, the vendor accepts transaction costs charged by their merchant bank and agrees not to transfer to the City those extra charges. The City will not pay an increase in our services for the SUA charges; if an audit uncovers an upcharge for the SUA charges the vendor will owe the City all costs. The vendor may opt-out of the SUA program once, but then may not rejoin during the same contract term.



**ATTACHMENT I
AFFIDAVIT OF LAWFUL PRESENCE BY MAIL
(ENGLISH)**

CITY OF PHOENIX

Your completion of this form is required by Arizona state law. A.R.S. §§ 1-501 and -502.

I, _____ (print full name exactly as on document), hereby affirm, upon penalty of perjury, that I have made a true and accurate copy of the document checked below, that I have attached that copy to this Affidavit for purposes of mailing both documents to the City, that I am lawfully present in the United States, and that I am the person stated on the document. *(select one category only)*

- Arizona driver license issued after 1996.
Print first four numbers/letters from license:
- Arizona non-operating identification license.
Print first four numbers/letters:
- Birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
Year of birth: _____; Place of birth: _____
- United States Certificate of Birth Abroad.
Year of birth: _____; Place of birth: _____
- United States Passport.
Print first four numbers/letters on Passport:
- Foreign Passport with United States Visa.
Print first four numbers/letters on Passport:
Print first four numbers/letters on Visa:
- I-94 Form with a photograph.
Print first four numbers on I-94:
- USCIS Employment Authorization Document (EAD).
Print first four numbers/letters on EAD:
or Perm. Resident Card (acceptable alternative):
- Refugee Travel Document.
Date of issuance: _____; Refugee country: _____
- U.S. Certificate of Naturalization.
Print first four digits of CIS Reg. No.:

Office Use Only	Employee Name:	Ref. No.:
Promptly report all observed violations of federal immigration law to: azicereport@dhs.gov		
<input type="checkbox"/> Reported violation (check if applicable and attach copy of email to this form)		

JHH/amt/#835519/

Rev. 12/2016 (JMK/lmg)



**ATTACHMENT I
AFFIDAVIT OF LAWFUL PRESENCE BY MAIL
(ENGLISH)**

CITY OF PHOENIX

U.S. Certificate of Citizenship.

Date of issuance: _____; Place of issuance: _____

Tribal Certificate of Indian Blood.

Date of issuance: _____; Name of tribe: _____

Tribal or Bureau of Indian Affairs Affidavit of Birth.

Year of birth: _____; Place of birth: _____

Signed: _____ Dated: _____

Office Use Only	Employee Name:	Ref. No.:
Promptly report all observed violations of federal immigration law to: azicereport@dhs.gov		
<input type="checkbox"/> Reported violation (check if applicable and attach copy of email to this form)		

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