



## Applicant Summary and Signature Page

Organization legal name:	
Mailing address: (if P.O. Box, include street address)	
Telephone:	
Fax number:	
Name of chief admin/contact:	
E-mail address of chief admin:	
Website:	
Legal status	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Other (LCC, LLP, Sole Proprietor)
Federal EIN:	
RFP number and title:	
Contact person:	
Contact phone number:	
Contact e-mail address:	

**I hereby attest that all statements made in this application and any attachments are true and correct to the best of my knowledge.**

Signature of legal representative/organization head: \_\_\_\_\_

Title: \_\_\_\_\_

Printed name: \_\_\_\_\_

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

## Section 1. Applicant Information

Business Information			
Date business originally established:			
Number of years under current ownership:			
How many years have you been doing business under your present firm or trade name?			
Please list other names under which this business may have operated:			
Fiscal Information			
If you are working with an accounting firm to handle fiscal operations, how long have you worked with this firm?			
Provide the following information on the employees in your organization who will have <u>primary</u> fiscal responsibilities such as billing and claiming, payroll, etc.			
Name	Job Title	% of time spent per week on fiscal duties	If less than 100%, describe other duties
Please provide information on the accounting/auditing practices of your organization. Please note that this information is not scored.			
a. Agency maintains accounting records in accordance with the Generally Accepted Accounting Principles (GAAP). GAAP is the general guidelines and principles, standards and detailed rules, plus industry practices that exist for financial reporting. <i>If you are unsure or you do not know, please check No.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Agency maintains a uniform double entry accounting system which is compatible with cost accounting and generally accepted accounting principles.			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Agency maintains a cost allocation plan with costs allocated in a manner consistent with these plans.			<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Agency audit is performed annually by an independent, outside party in accordance with generally accepted auditing standards.			<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Has the most recent audit revealed any significant or ongoing concerns?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Legal Information**

Please attach a detailed explanation for any YES responses below.

Has the applicant or any owner been involved in any lawsuits or judgements in the last five (5) years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any owner been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 2: Agency Governing Board

a. How many Board meetings has your governing board or Board of Directors scheduled for the current calendar year?	
b. How many meetings were held in the prior calendar year?	

Please list your current Board of Directors or you agency's governing body. Include name, address, primary occupation, term information, and board office held.

Board President's Name Contact Address Contact E-mail Occupation Representing Current Term of Office from __ to __ Total Years of Service		Board Vice-President's Name Contact Address Contact E-mail Occupation Representing Current Term of Office from __ to __ Total Years of Service	
Board Secretary's Name Contact Address Contact E-mail Occupation Representing Current Term of Office from __ to __ Total Years of Service		Board Treasurer's Name Contact Address Contact E-mail Occupation Representing Current Term of Office from __ to __ Total Years of Service	
Board Member Name Contact Address Contact E-mail Occupation Representing Current Term of Office from __ to __ Total Years of Service		Board Member Name Contact Address Contact E-mail Occupation Representing Current Term of Office from __ to __ Total Years of Service	
Board Member Name Contact Address Contact E-mail Occupation Representing Current Term of Office from __ to __ Total Years of Service		Board Member Name Contact Address Contact E-mail Occupation Representing Current Term of Office from __ to __ Total Years of Service	
Board Member Name Contact Address Contact E-mail Occupation Representing Current Term of Office from __ to __ Total Years of Service		Board Member Name Contact Address Contact E-mail Occupation Representing Current Term of Office from __ to __ Total Years of Service	
Board Member Name Contact Address Contact E-mail		Board Member Name Contact Address Contact E-mail	



## Section 3: Staff/Board/Volunteer Descriptors

### State of Wisconsin Certifications

<b>Minority Business Entity (MBE)</b> (51% owned, controlled and actively managed by minorities)	<input type="checkbox"/> Yes
<b>Woman Owned Business Entity (WBE)</b> (51% owned, controlled and actively managed by women)	<input type="checkbox"/> Yes
<b>Disabled Veteran Business (DVB)</b> (51% owned, controlled and actively managed by disabled veterans)	<input type="checkbox"/> Yes

Indicate the number and percentage of the following characteristics for your Agency's current staff and board. Report total number of volunteers.

Descriptor	Staff		Board	
	Number	Percent	Number	Percent
Total				
<b>Gender</b>				
Male				
Female				
Not listed/prefer not to say				
<b>Age</b>				
Less than 18 Years				
18-59 Years				
60 and Older				
<b>Race</b>				
White				
Black or African-American				
American Indian and Alaskan Native				
Asian				
Native Hawaiian and Other Pacific Islander				
Some Other Race				
Two or More Races				
<b>Ethnicity</b>				
Hispanic or Latino (of any race)				
Not Hispanic or Latino				
<b>Persons with Disabilities</b>				
<b>Volunteers</b>				

## Section 4: VENDOR INFORMATION

<b>VENDOR NAME:</b>			
Vendor Information: Address below will be used to confirm Local Vendor Preference			
Address:			
City:		County:	
State:		Zip + 4:	
Vendor Rep. Name:		Title:	
E-mail:		Telephone:	
Dane County Vendor #:			

<b>Fair Labor Practice Certification (check only 1)</b>	
<input type="checkbox"/>	Vendor has not been found by the National Labor Relations Board ("NLRB") or the Wisconsin Employment Relations Commission ("WERC") to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed.
<input type="checkbox"/>	Vendor has been found by the National Labor Relations Board ("NLRB") or the Wisconsin Employment Relations Commission ("WERC") to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed.

<b>Local Vendor Purchasing Preference</b>	
Are you claiming a local purchasing preference under DCO 25.08(7)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (complete remainder of this section)
Preference as a Dane County Business:	<input type="checkbox"/> Dane
Preference as a business located in a county adjacent to Dane County?	<input type="checkbox"/> Columbia <input type="checkbox"/> Green <input type="checkbox"/> Jefferson <input type="checkbox"/> Sauk <input type="checkbox"/> Dodge <input type="checkbox"/> Iowa <input type="checkbox"/> Rock

<b>Cooperative Purchasing</b>	
<input type="checkbox"/>	I <u>agree</u> to furnish the commodities or services of this bid to other municipalities.
<input type="checkbox"/>	I <u>do not agree</u> to furnish the commodities or services of this bid to other municipalities.

<b>Addendums</b>				
This vendor hereby acknowledges receipt/review of the following addendums, if any.				
Addendum #1 <input type="checkbox"/>	Addendum #2 <input type="checkbox"/>	Addendum #3 <input type="checkbox"/>	Addendum #4 <input type="checkbox"/>	None <input type="checkbox"/>

<b>Signature Affidavit</b>
In signing this bid, we certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a bid; that this bid has been independently arrived at without collusion with any other bidder, competitor or potential competitor; that this bid has not been knowingly disclosed prior to the opening of bids to any other bidder or competitor; that the above statement is accurate under penalty of perjury.

The undersigned agrees to hold the County harmless for any damages arising out of the release of any material unless they are specifically identified on Attachment B. The undersigned, submitting this bid, hereby agrees with all the terms, conditions, and specifications required by the County in this Request for Bid, and declares that the attached bid and pricing are in conformity therewith.

Signature:	Title:
Name:	Date:



## Section 5: DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

<p>The attached material submitted in response to this Proposal includes proprietary and confidential information which qualifies as a trade secret, as provided in Sect 19.36(5), Wisconsin State Statutes, or is otherwise material that can be kept confidential under the Wisconsin Open Records law. As such, we ask that certain pages, as indicated below, of this proposal response be treated as confidential material and not be released without our written approval. Attach additional sheets if needed.</p>		
Section	Page #	Topic

**Proposer is not designating any information as proprietary and confidential which qualifies as trade secret.**

**Prices always become public information when proposals are opened, and therefore cannot be designated as confidential.**

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in Sect. 134(80)(1)(c) Wis. State Statutes, as follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

**In the event the Designation of Confidentiality of this information is challenged, proposer hereby agrees to provide legal counsel or other necessary assistance to defend the Designation of Confidentiality.**

Failure to include this form in the proposal response may mean that all information provided as part of the proposal response will be open to examination or copying. The County considers other markings of confidential in the proposal document to be insufficient. The undersigned agrees to hold the County harmless for any damages arising out of the release of any material unless they are specifically identified above.