

# **REQUEST FOR PROPOSALS**

## **TECHNICAL PROPOSAL REQUIRED FORMAT**

### **CONSULTANCY SERVICES**

#### **FOR**

### **DETAILED DESIGN AND CONSTRUCTION SUPERVISION FOR THE**

### **STRUCTURAL RETROFIT TO THE GALERA POINT LIGHTHOUSE, TOCO AND THE DESIGN OF A PUBLIC RESTROOM FACILITY**

**NAME OF CONSULTANT:** \_\_\_\_\_

**April 2024**

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## **1.0 INTRODUCTION**

This Request for Proposal Questionnaire (RFPQ) sets out the information which is required to assess the suitability of potential Consultants for Consultancy Services for  
**STRUCTURAL RETROFIT TO THE GALERA POINT LIGHTHOUSE, TOCO AND  
THE DESIGN OF A PUBLIC RESTROOM FACILITY**

We advise that no information contained in this RFPQ, or in any communication made between MOWT, Construction Division and any potential Consultant in connection with this RFPQ, shall be relied upon as constituting a contract, agreement or representation that any contract shall be offered in accordance with this RFPQ.

Under no circumstances shall MOWT, Construction Division incur any liability in respect of this RFPQ or any supporting documentation.

## **2.0 INSTRUCTIONS**

- 2.1 All sections of the RFPQ must be completed.
- 2.2 If any section of this RFPQ is not applicable, please insert N/A in the relevant section.
- 2.3 All information shall be in English Language.
- 2.4 All forms shall be typed or written in indelible ink.
- 2.5 Applicants must provide the requested information in as much detail as possible to facilitate our ability to process same for assessment of firms.
- 2.6 In circumstances where the space provided within the various sections of the RFPQ may not be adequate, the Applicant shall develop schedules in the prescribed format and attach same. Please number each additional page in the format "Page X of Y."
- 2.7 The Ministry of Works and Transport (MOWT) retains the right to conduct a site visit to the premises of Applicants under the Terms of Reference of this RFP and will be advised in writing from a representative of MOWT.
- 2.8 It is the responsibility of the Applicant to inform MOWT of any change in contact details, i.e., address, email, telephone or other relevant information.
- 2.9 Where further information or clarification is required, please contact The MOWT Procurement Unit at 625-1225
- 2.10 All figures are to be denominated in Trinidad and Tobago Dollars (TTD).
- 2.11 The Consultants shall include an electronic version of the submitted documents in PDF format.

### **3.0 CONSULTANT'S FIELD OF SPECIALIZATION AND SERVICES OFFERED**

Please indicate the Consultant's field of specialization and the services offered. They must form part of the Applicant's current business activity.

[illegible]

**3.1 AVERAGE TOTAL NUMBER OF EMPLOYEES IN THE YEAR:**

2020: \_\_\_\_\_ 2021: \_\_\_\_\_ 2022: \_\_\_\_\_ 2023 (Current): \_\_\_\_\_

<b>4.0 ORGANISATIONAL DETAILS</b>		
Company Name:	Telephone:	Fax:
Date of Establishment:	Place / Country of Establishment:	
Registered Address:	Mailing Address:	
Town/City:		
Country:	Town/City:	
Email:	Country:	
Website:	Email:	
<b>4.1 PRIMARY CONTACT</b>		
Name:	Position:	
Email:	Telephone:	Fax:
	Mobile:	
<b>4.2 OFFICERS</b>		
<b>President/C.E.O:</b>		
<b>Vice President/Managing Director:</b>		
<b>Corporate Secretary:</b>		
<b>4.3 LIST OF DIRECTORS/PARTNERS</b>		
i)	ii)	
iii)	iv)	
v)	vi)	
<b>4.4 TYPE OF BUSINESS</b>		
(Please tick one box)		
Current legal state of the Applicant (e.g. Partnership, Private Limited Company etc.,)		

☐ Sole Trader ☐ Partnership ☐ Public Liability ☐ Private limited Company

☐ Joint Venture ☐ Other (please specify)

#### 4.5 REGISTRATION DETAILS

Please provide copies of Certificates of Incorporation, Articles of Association and the Organization's By Laws. Where appropriate and advise MOWT of any changes of name, registered office and place of business. (Please tick in spaces provided)

	YES	NO	Date of Reg. Filing		YES	NO	Date of Reg. / Filing
			YYYY/MM/DD				YYYY/MM/DD
Notice of Directors	<input type="checkbox"/>	<input type="checkbox"/>		Certificate of Incorporation/ Continuance	<input type="checkbox"/>	<input type="checkbox"/>	
Notice of Secretary	<input type="checkbox"/>	<input type="checkbox"/>		V.A.T. Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Notice of Address	<input type="checkbox"/>	<input type="checkbox"/>		B.I.R. Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Articles of Association	<input type="checkbox"/>	<input type="checkbox"/>		N.I.S. Compliance Cert.	<input type="checkbox"/>	<input type="checkbox"/>	
Last Annual Return Filed	<input type="checkbox"/>	<input type="checkbox"/>		P.A.Y.E. No.	<input type="checkbox"/>	<input type="checkbox"/>	

#### 4.6 CLEARANCES / CERTIFICATES

	YES	NO	Expiry Date YYYY/MM/DD		YES	NO	Expiry Date YYYY/MM/DD
Valid V.A.T. Clearance Cert.	<input type="checkbox"/>	<input type="checkbox"/>		Valid Tax Clearance	<input type="checkbox"/>	<input type="checkbox"/>	
Valid N.I.S. Compliance Cert.	<input type="checkbox"/>	<input type="checkbox"/>					

#### 4.7 REGISTRATION WITH PROFESSIONAL BODIES

Is the Organization registered with an appropriate trade or Professional Body?

YES NO

☐ ☐

If so, please provide details:

#### N.B

V.A.T. denotes Value Added Tax

B.I.R. denotes Board of Inland Revenue

N.I.S. denotes National Insurance

P.A.Y.E denotes Pay as You Earn

## 4.8 HISTORY OF THE ORGANISATION

(Please provide information on the company's history. Times New Roman Font, Size 12)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.



## **5.0 INSURANCE**

### **5.1 CONSULTANT'S PROFESSIONAL INDEMNITY INSURANCE**

Name of Insurer:	
Address:	
Type of Insurance:	
Policy Nos.	
Expiry Date:	
Limits of Indemnity:	
Excess (if any)	

### **5.2 WORKMEN'S COMPENSATION INSURANCE**

Name of Insurer:	
Address:	
Type of Insurance:	
Policy Nos.	
Expiry Date:	
Limits of Indemnity:	
Excess (if any)	

### **5.3 THIRD PARTY INSURANCE**

Name of Insurer:	
Address:	
Type of Insurance:	
Policy Nos.	
Expiry Date:	
Limits of Indemnity:	
Excess (if any)	

## 6.0 DESIGN AND SUPERVISION SERVICES

### 6.1 LIST OF PROPOSED KEY PERSONNEL FOR DESIGN SERVICES

(Please fill-up the register below and attached all CVs based on the required format in **Item 6.4**. Non-Compliance may result in rejection of proposal)

Name	Position	Qualifications	Professional Licenses / Place & Registration #	Date of Birth (Year/Month/Day)	Nationality	Specialization / Years of Experience / Country	Language (First / Second)	Period of employment w/ the current firm
	<b>DESIGN TEAM</b>							
	Project Manager / Team Leader ≥ 15 years' experience							
	Sr. Structural Design Engineer ≥ 15 years' experience							
	Senior Civil Engineer ≥ 10 years' experience							
	Senior Geotechnical Engineer ≥ 15 years' experience							
	Senior Cost Estimator ≥ 10 years' experience							
	AutoCAD Technician ≥ 10 years' experience							
	Engineering Surveyor ≥ 10 years' experience							
	Other Key Personnel (please specify) ≥ 10 years							

## 6.2 LIST OF PROPOSED KEY PERSONNEL FOR SUPERVISION SERVICES

(Please fill-up the register below and attached all CVs based on the required format in **Item 6.4**. Non-compliance may result in rejection of proposal)

Name	Position	Qualifications	Professional Licenses / Place & Registration #	Date of Birth (Year/Month/Day)	Nationality	Specialization / Years of Experience / Country	Language (First / Second)	Period of employment w/ the current firm
	<b>SUPERVISION TEAM</b>							
	Project Manager / Team Leader ≥ 15years experience							
	Resident Engineer (For Package 1) ≥ 15 years' experience							
	Site Engineer #1 (For Package 1) ≥ 10 years' experience							
	Site Engineer #2(For Package 1) ≥ 10years experience							
	Construction Technician #1 ≥ 5 years' experience							
	Construction Technician #2 ≥ 5 years' experience							
	Construction Technician #3 ≥ 5 years' experience							
	AutoCAD Technician ≥ 10 years' experience							
	HSSE Officer ≥ 10 years' experience							
	Engineering Surveyor ≥ 10 years' experience							

**6.3 ORGANIZATIONAL CHART OF THE PROPOSED KEY PERSONNEL FOR THE  
DESIGN AND CONSTRUCTION SUPERVISION STAGE**

(Please provide organizational chart with name of all the key personnel to be involved in the design and construction supervision stage.

**6.4 CURRICULA VITAE OF PROPOSED KEY PERSONNEL****(CV's must not be dated more than 3 months)**

(Sequence of Presentation only – Provide separate sheet)

1	Name of Firm / Proponent					
2	Proposed Position					
3	Name of Person					
4	Permanent Address					
5	Current Address					
6	Contact Number(s)					
7	Email(s)					
8	Profession					
9	Years of Professional Experience & Career Summary (no more than 300 words)					
10	Date of Birth					
11	Nationality					
12	Education (Start from highest achieved and <b><u>include the year of award</u></b> )					
13	Professional Licenses / Key Qualifications					
14	Membership in Professional Societies / Organizations					
15	Training (e.g., Software, FIDIC, etc.)					
16	Seminars Attended					
17	Skills (including computer software and engineering codes). Subject to actual demo/interview upon request of MOWT.	Particulars	Years of Experience	Advanced	Intermediate	Beginner

18	<b>Relevant</b> Work Experience in the last 25 years inclusive of the use of FIDIC (Starting from current)	
18A	Period of Employment	
18B	Company Name	
18C	Location	
18D	Position(s)	
18E	Project(s) Description & Location(s)	
18F	Five Main Duties / Responsibilities	
		<b>REPEAT ITEMS 18A TO 18F AS NECESSARY</b>
19	Character References from Previous Companies (2). Include Tel nos. & e-mails	
20	Languages	1 <sup>st</sup> Language:                      2 <sup>nd</sup> Language:
21	Other Information that would help in the Evaluation of Qualifications (please specify)	
22	Certification	I, the undersigned, certify that to the best of my knowledge and belief, these Data correctly describe me, my qualifications, and my experience. This also serves as my letter of commitment with the firm to engage in the indicated position upon successful award of the contract.
22A	Full Name of Person	
22B	Signature of the Person (in all pages of the CV)	
22C	Date of Signature	
23A	Full Name of Authorized Firm's Representative	
23B	Signature of Authorized Firm's Representative	
23C	Date of Signature	
24	Firm's Official Stamp	

## 7.0 DESIGN SERVICES

### 7.1 RESOURCES AND SUPPORT SYSTEM FOR DESIGN SERVICES

Item	Particulars				
<b>7.1.1</b>	<b>Document Control System for Design Services</b>				
	Does the company possess document control system including relevant software licenses for design services? If yes, please explain and submit a copy.				
<b>7.1.2</b>	<b>Computer Software/ Tools to be used for the project</b>				
	<b>Name of Software/ Tool</b>	<b>License/ Product Number</b>	<b>Purpose</b>	<b>Owned by Firm or to be purchased? Indicate or attach proof of license if owned.</b>	<b>Firm's Years of Experience in using the software</b>
<b>7.1.3</b>	<b>Special Company's Resources / Certification</b>				
	Does the company possess special resources / certification that could help in the project? If yes, please explain and submit a copy.				

**7.2 EXECUTIVE SUMMARY OF THE PROPOSED APPROACH FOR DESIGN SERVICES**  
**(Please limit to maximum 6 pages letter size, Times New Roman Font, Size 12)**

[illegible]



**7.3 SUBMISSION OF WORK PROGRAMME FOR THE DESIGN SERVICES**  
**(Please limit to maximum 6 pages letter size, Times New Roman Font, Size 12)**

[illegible]

#### 7.4 HARDWARE, SOFTWARE, MANPOWER AND EQUIPMENT LISTING FOR THE DESIGN SERVICES

**(Please provide the relevant information. Times New Roman Font, Size 12)**

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## 7.5 PROJECT SPECIFIC MANAGEMENT PLAN FOR DESIGN SERVICES

(Please describe the company's project management plan for design services to meet project objectives in terms of quality, cost, time, site constraints, design constructability, communications and stakeholders. Limit to maximum 6 pages letter size, Times New Roman Font, Size 12)

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## 7.6 PROPOSED SCHEDULE AND TASK ASSIGNMENT MATRIX FOR CONSULTANCY SERVICES

(Please provide a schedule / work program for the various elements of the consultancy services using the format below in a weekly time scale showing the significant milestones and deliverables as indicated in the terms of reference. Identify also the resources to be used and indicate the lead task and supporting tasks. Reflect the involvement of MOWT in the process (e.g., the time frame for review of each submission). Include also a MS Project version of the schedule showing the critical path.

Milestone		Calendar Weeks ≈ 16 Weeks or 4 months from Commencement Date)												Task Assignment Matrix (Identify the Lead and Supporting Personnel in the Task)															
															P M														
Reporting Schedule required by TOR																													
Task No.	Task Description																												

### LEGEND:

PM (Project Manager);Others required (please specify)

Lead  
Personnel in  
the Task



Support Personnel  
in the Task



## 8.0 SUPERVISION SERVICES

## 8.1 RESOURCES AND SUPPORT SYSTEM FOR SUPERVISION SERVICES

[illegible]

## 8.2 HEALTH, SAFETY, SECURITY AND ENVIRONMENTAL (HSSE) PLAN FOR CONSTRUCTION SUPERVISION SERVICES

(Please provide your brief project specific approach on how to safeguard or minimize the risk of Health, Safety and Environmental Impact during the implementation of the projects. Submit the company's HSE plan specific to this project). (Limit to maximum 2 letter size page, Single Spacing, Times New Roman Font, Size 12).

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### 8.3 QA/QC PLAN FOR SUPERVISION SERVICES

(Please provide your brief project specific approach on how quality control will be achieved for each phase of the project). (Limit to maximum 2 letter size page, Single Spacing, Times New Roman Font, Size 12).

[illegible]

## 8.4 PROJECT MANAGEMENT PLAN FOR SUPERVISION SERVICES

(Please describe the company's project management plan for supervision services to meet project objectives in terms of quality, cost, time, scope, communication, stakeholders, risk and integration. Limit to maximum 8 pages letter size, Times New Roman Font, Size 12)

[illegible]



## 8.5 TOTAL MANPOWER LOADING FOR THE SUPERVISION SERVICES

(Please provide total manpower schedule for construction supervision of all the structural retrofit works construction works for the public washroom facility within 20 months. The 21<sup>st</sup> month is to cater for additional 1 month for the supervision during the defects liability period of 1 year)

[illegible]

## 8.6 PROPOSED SCHEDULE AND TASK ASSIGNMENT MATRIX FOR SUPERVISION SERVICES

(Please provide a schedule / work program for the various elements of the Construction Supervision services using the format below in a weekly time scale showing the significant milestones and deliverables as indicated in the terms of reference. Identify also the resources to be used and indicate the lead task and supporting tasks. Reflect the involvement of MOWT in the process (e.g., the time frame for review of each submission). Include also a MS Project version of the schedule showing the critical path.

Milestone		Calendar Weeks ≈ 16 Weeks or 4 months from Commencement Date)												Task Assignment Matrix (Identify the Lead and Supporting Personnel in the Task)											
														P											
Reporting Schedule required by TOR																									
Task No.	Task Description																								

### LEGEND:

PM (Project Manager); Others required (please specify)

Lead Personnel in the Task  Support Personnel in the Task

**9.0 TECHNICAL CAPABILITY & EXPERIENCE OF THE FIRM**

**9.1 SIMILAR WORK EXPERIENCE BY THE FIRM (Consultancy Services for Detailed Design and or Construction Supervision of building structural retrofit projects) in the last 15 years**

(Format of Sequence for Presentation of the Consultant's Experience is shown below – Provide data for each project in the requested format on separate sheets. Include only projects completed).

Project Name:		Value of Consultancy Contract in TT\$ (VAT exclusive):
Country/Location:		Project Duration:
Name of Employer: Address:		Total Number of Personnel Man-months:
Contact Number(s): Contact Persons(s):		Employer's Email: Employer's Website:
Project Initial Start Date (MM/YY):	Project Initial End Date (MM/YY):	Approximate Value of Services Provided by Your Firm Under The Contract in TT\$ (VAT exclusive):
	Project Actual End Date (MM/YY):	
Name of Associated/Sub Consultants, if any:		Nr Professional Man-months Provided by Associated/Sub Consultants:
		Name of Senior Professional Staff of Your Firm Involved and Functions Performed:
Brief Description of Project:		
Description of Actual Services Provided by Your Staff:		

**9.2 RELEVANT WORK EXPERIENCE BY THE FIRM (Consultancy Services for Detailed Design and or Construction Supervision of building structural retrofit projects) in the last 15 years**

(Format of Sequence for Presentation of the Consultant's Experience is shown below – Provide data for each project in the requested format on separate sheets. Include only relevant projects completed)

Project Name:		<b>Value of Consultancy Contract in TT\$ (VAT exclusive):</b>
Country/Location:		Project Duration:
Name of Employer: Address:		Total Number of Personnel Man-months:
Contact Number(s): Contact Persons(s):		Employer's Email: Employer's Website:
Project Initial Start Date (MM/YY):	Project Initial End Date (MM/YY):	Approximate Value of Services Provided by Your Firm Under The Contract in TT\$ (VAT exclusive):
	Project Actual End Date (MM/YY):	
Name of Associated/Sub Consultants, if any:		Nr Professional Man-months Provided by Associated/Sub Consultants:
		Name of Senior Professional Staff of Your Firm Involved and Functions Performed:
Brief Description of Project:		
Description of Actual Services Provided by Your Staff:		

### 9.3 **RELEVANT PROJECTS IN PROGRESS BY THE FIRM**

(Format of Sequence for Presentation of the Consultant's Experience is shown below – Provide data for each project in the requested format on separate sheets)

Project Name:		<b>Value of Consultancy Contract in TT\$ (VAT exclusive):</b>
Country/Location:		Project Duration:
Name of Employer: Address:		Total Number of Personnel Man-months:
Contact Number(s): Contact Persons(s):		Employer's Email: Employer's Website:
Project Initial Start Date (MM/YY):	Project Initial End Date (MM/YY):	Approximate Value of Services Provided by Your Firm Under The Contract in TT\$ (VAT exclusive):
	Project Actual End Date (MM/YY):	Nr Professional Man-months Provided by Associated/Sub Consultants:
Name of Associated/Sub Consultants, if any:		Name of Senior Professional Staff of Your Firm Involved and Functions Performed:
Brief Description of Project:		
Description of Actual Services Provided by Your Staff:		

9.4 CLIENT/CUSTOMER REFERENCES		
<b>CLIENT REFERENCES:</b> Please name the two (2) largest consultancy contracts your firm has completed as a consultant within the last 15 years preceding the date of this questionnaire and submit references letter.		
<b>Client No. 1</b>	Address:	Email:
	Tel No.:	Website:
Project Name:	Date Started:	Date Completed:
	Contract Value (TT\$ - VAT exclusive):	
Description of Project and Scope of Work:		
<b>Client No. 2</b>	Address:	Email:
	Tel No.:	Website:
Project Name:	Date Started:	Date Completed:
	Contract Value (TT\$ - VAT exclusive):	
Description of Project and Scope of Work:		

**10.0 CHECKLIST** (But not limited to the following)

**CHECKLIST**

- ☐ Organizational Chart showing Ownership Structure of the Company
- ☐ Certificates and Clearances
- ☐ Insurance Policies
- ☐ Curricula Vitae's of Current Key Personnel with original signatures
- ☐ Plant / Equipment proof of ownership or consent letter from supplier to rent the plant / equipment
- ☐ Listing of Contracts
- ☐ Client References Letters
- ☐ Copy of Health, Safety and Environment Plan/Manual
- ☐ Special Company's Resources / Support System / Additional Relevant Information
- ☐ Organizational Chart of the Proposed Project Team and Support Staff
- ☐ Curricula Vitae's of Proposed Key Personnel with original signatures
- ☐ Is the Questionnaire signed and dated?
- ☐ Copy of Software Licenses

N.B. Your Questionnaire may not be processed if any of the aforementioned information is not submitted.

## 11.0 TERMS AND CONDITIONS

**The Ministry of Works and Transport, Construction Division** reserves the right to make reasonable inquiries of clients and related people indicated in this submission so as to establish performance levels and performance capacities of the Applicants. We advise that all information received will be considered confidential and will be maintained accordingly.

It is acknowledged that if facts are acquired by MOWT by means of reasonable investigations which indicate that the information provided is inaccurate, MOWT retains the discretionary authority to disqualify the questionnaire from further consideration and may remove the Applicant's name from any list the Company may maintain.

## 12.0 DECLARATION

The Undersigned hereby certifies that the information submitted in this application and questionnaire is complete and true in all respects and that he/she is authorized to execute and submit this Request for Proposal Questionnaire on the Applicant's behalf.

\_\_\_\_\_  
Applicant's Name (BLOCK LETTERS)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Seal or Stamp