**ATTACHMENT D**

**Page 1 of 2**

**PRICING AND SERVICE PROPOSAL – All FirstLine Schools**

**Pricing Full Service APPA Level 2**

• 200 Days/Year providing all services covered in Scope of Work items 1-A, 1-B, 1-C, 2 and 3 (Daily, Nightly, Weekly and Monthly services)

• 60 Days/Year providing all services covered in Scope of Work items 3, 4, 5 and 6 (Weekly, Monthly, Semi-annual and special services)

|  |  |
| --- | --- |
| **LOCATION** | **PRICE** |
| **Samuel J. Green** |  |
| **Arthur Ashe** |  |
| **Langston Hughes** |  |
| **Phillis Wheatley** |  |
| **FirstLine Live Oak** |  |

**ATTACHMENT D**

**Page 2 of 2**

**PRICING AND SERVICE PROPOSAL – ADDITIONAL SERVICES**

Throughout the course of this contract FirstLine may be in need of planned, emergency, temporary or permanent additional custodial support. Any category the Proposer does not wish to bid on must be indicated with **N/A**.



**ATTACHMENT E**

**Page 1 of 1**

**CONTACT INFORMATION/BID AUTHORIZATION**

**FirstLine Schools**

|  |  |
| --- | --- |
| **Primary Contact Name** |  |
| **Primary Contact Phone Number** |
| **Primary Contact Email Address** |
| **Company Legal Name** |  |
| **Company Address** |
| **Company Website** |

|  |  |
| --- | --- |
| **Company Website** |  |
| **Year Company Founded** |  |
| **Years Operating in New Orleans** |  |
| **Number of Clients** |  |
| **Number of Employees** |  |
| **Certified SLDBE (yes/no)****If YES, Year Certified** |  |

|  |  |
| --- | --- |
|  | **Samuel J. Green Charter School** |
|  | **Arthur Ashe Charter School** |
|  | **Phillis Wheatley Community School** |
|  | **Langston Hughes Academy** |
|  | **FirstLine Live Oak** |

**By signing the box below I am submitting my bids for the following facilities (check all that apply):**

|  |  |
| --- | --- |
| **Authorized Representative Name** |  |
| **Authorized Representative Signature** |  |
| **Date of RFP Bid Submittal** |  |

**ATTACHMENT F**

**Non-Collusion**

AFFIDAVIT

**Non-Collusion AFFIDAVIT STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARISH/COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

BEFORE ME, the undersigned authority, personally came and appeared, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Affiant) who after being duly sworn, deposed and said that he/she is the fully authorized \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Entity), the party who submitted a Proposal/Contract/Bid/RFP/SOQ No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to FirstLine Schools. Affiant further said:

 (1) That Affiant has not and will not employ any person, either directly or indirectly, to secure the public contract under which he/she is to receive payment, other than persons regularly employed by the Affiant whose services, in connection with the project or in securing the public contract, are in the regular course of their duties for the Affiant; and

(2) That no part of the contract price was paid or will be paid to any person for soliciting the contract, other than the payment of normal compensation to persons regularly employed by the Affiant whose services with the project are in the regular course of their duties for the Affiant.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Affiant

SWORN TO AND SUBSCRIBED

BEFORE ME ON THIS \_\_\_\_\_\_\_\_ DAY OF

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

**ATTACHMENT G**

**Responsibility Disclosures**

Responses to the following questions must accompany the contractor’s bid. A bid may be deemed non-responsive if the contractor fails to provide complete answers or provides false statements to any of the questions provided herein. If any change(s) occur(s) during the bidding process, updated responses must be provided within thirty (30) calendar days of such change(s).

1. Please indicate whether, within the past five (5) years, your firm has been the defendant in any type of court action(s) for (an) alleged violation(s) of labor or employment laws in connection with a contract for custodial services. \_\_ Yes \_\_ No

If yes, please explain the circumstances, including the specific allegation(s) filed against your firm; the name of the plaintiffs; the case number; and the disposition/current status of each case.

2. Please indicate whether, within the past five (5) years, your firm or any of its owners, partners, or officers, has/have ever been investigated, cited, assessed any penalties, or found to have violated any labor or employment laws. \_\_ Yes \_\_ No

If yes, please explain the circumstances, including the specific charge(s) filed against your firm, its owners, partners, and/or officers; the agency that was involved; and the disposition/current status of each case.

3. If a license is required for any of the services performed by your firm, please indicate whether, within the past five (5) years, your firm, or any individual employed by your firm, has been investigated, cited, assessed any penalties, subject to any disciplinary action by a licensing agency, or deemed to have violated any licensing laws. \_\_ Yes \_\_ No

If yes, please explain the circumstances, including the specific charge(s) filed against your firm; the licensing agency that was involved; and the disposition/current status of each case.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Legally Responsible Party

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**ATTACHMENT H**

**Page 1 of 1**

**CHECKLIST OF REQUIRED ELEMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **PAGE** | **INCLUDED (y/n)** | **INITIALS** |
| Executive Summary |  |  |  |
| Company Overview/Fiscal Responsibilities Summary |  |  |  |
| Organization Policies and Procedures |  |  |  |
| Performance History & Preparedness for FirstLine  |  |  |  |
| Customer Service Proposal |  |  |  |
| Implementation/Transition Plan |  |  |  |
| Insurance Ability or Certificates |  |  |  |
| Service Proposal – Pricing Sheet – Attachment D |  |  |  |
| Contact Information/Bid Authorization – Attachment E |  |  |  |
| Non-Collusion Affidavit – Attachment F |  |  |  |
| Responsibility Disclosures – Attachment G |  |  |  |
| Checklist (This Document) – Attachment H |  |  |  |
| Sealed Original + Hard Copy + Electronic Copy | n/a |  |  |