

**STATE OF CONNECTICUT**  
**DEPARTMENT OF ADMINISTRATIVE SERVICES**  
**PROCUREMENT DIVISION**

**Paul Greco**  
Contract Specialist  
**(860)713-5189**  
Telephone Number

**165 Capitol Avenue, 5<sup>th</sup> Floor South**  
**HARTFORD, CT 06106-1659**

RFP NO. <b>12PSX0256</b>
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**Read & Complete**  
**Carefully**

RFP NO: <b>12PSX0256</b>	RFP DUE DATE: <b>26 November 2012</b>	RFP DUE TIME: <b>2:00 PM</b>	RFP SURETY: <b>\$0.00</b>	DATE ISSUED: <b>1 November 2012</b>
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DESCRIPTION: **Facility Management Services for the State of Connecticut 55 and 395 West Main Street, Waterbury locations and 59 Field Street Torrington, CT**

FOR: <b>Department of Administrative Services</b>	TERM OF CONTRACT <b>Date of Award for a five year term</b>
<b>See Mandatory Pre-Proposal Information provided in RFP Template (RFP-22).</b>	AGENCY REQUISITION NUMBER(S): <b>01007</b>

**REQUEST FOR PROPOSAL:** Pursuant to the provisions of Section 4a-57 of the Connecticut General Statutes as amended, Procurement Services is soliciting proposals for the State of Connecticut, at the address above for the furnishing of the subject commodities and/or services to state agencies.

**IMPORTANT: ALL pages of this form, Sections 1 through 4 must be completed, signed and returned by the proposer as part of the proposal package. Failure to submit all pages of this form may constitute grounds for rejection of your proposal.**

Section 1 of 4 - **PROPOSER INFORMATION**

COMPLETE PROPOSER LEGAL BUSINESS NAME:  PRINCIPAL PLACE OF BUSINESS:	Taxpayer ID # (TIN): <input type="checkbox"/> SSN <input type="checkbox"/> FEIN  WRITE/TYPE SSN/FEIN NUMBER ABOVE
BUSINESS NAME , TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)  PRINCIPAL PLACE OF BUSINESS (IF DIFFERENT FROM ABOVE)	
BUSINESS ENTITY: <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP (ATTACH NAMES AND TITLES OF ALL PARTNERS) <input type="checkbox"/> CORPORATION TYPE OF CORPORATION: - STATE ORGANIZED IN:	
<b>NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.</b>	
BUSINESS TYPE: A. SALE OF COMMODITIES B. MEDICAL SERVICES C. ATTORNEY FEES D. RENTAL OF PROPERTY (REAL ESTATE & EQUIPMENT) E. OTHER (DESCRIBE IN DETAIL)	
UNDER THIS TIN, WHAT IS THE PRIMARY TYPE OF BUSINESS YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE)	
UNDER THIS TIN, WHAT OTHER TYPES OF BUSINESS MIGHT YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE)	
WRITTEN SIGNATURE OF PERSON AUTHORIZED TO SIGN PROPOSALS ON BEHALF OF THE ABOVE NAMED PROPOSER  ←SIGN HERE	DATE EXECUTED
TYPE OR PRINT NAME OF AUTHORIZED PERSON	TITLE OF AUTHORIZED PERSON

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Proposer Name:	
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Section 1 of 4 - **PROPOSER INFORMATION** (CONTINUED)

PROPOSER ADDRESS	STREET	CITY	STATE	ZIP CODE
Add Additional Business Address information on back of this form, if needed.				
PROPOSER E-MAIL ADDRESS			PROPOSER WEB SITE	
<b>REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS.</b> <input type="checkbox"/> SAME AS BIDDER ADDRESS ABOVE.				
REMIT ADDRESS	STREET	CITY	STATE	ZIP CODE

**Notice:** Provision pursuant to Section #35. Notice, for all communications as required by Section #35 of Contract 12PSX0256, provide the Proposer Contact Information below.

PROPOSER CONTACT INFORMATION: NAME (TYPE OR PRINT)				
PROPOSER ADDRESS	STREET	CITY	STATE	ZIP CODE
Add Additional Proposer Contact & Address information on back of this form, if needed.				
1ST BUSINESS PHONE:	Ext. #	HOME PHONE:		
2ND BUSINESS PHONE:	Ext. #	1 <sup>ST</sup> PAGER:		
CELLULAR:	2 <sup>ND</sup> PAGER:			
1 <sup>ST</sup> FAX NUMBER:	TOLL FREE PHONE:			
2 <sup>ND</sup> FAX NUMBER:	TELEX:			
IS YOUR BUSINESS CURRENTLY A DAS CERTIFIED SMALL BUSINESS ENTERPRISE? <input type="checkbox"/> YES (ATTACH CERTIFICATE COPY TO BID) <input type="checkbox"/> NO				
IF YOU ARE A STATE EMPLOYEE, INDICATE YOUR POSITION, AGENCY & AGENCY ADDRESS.				
PURCHASE ORDER DISTRIBUTION: (E-MAIL ADDRESS)				
NOTE: THE E-MAIL ADDRESS INDICATED IMMEDIATELY ABOVE WILL BE USED TO FORWARD PURCHASE ORDERS TO YOUR BUSINESS.				

**ADD FURTHER BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED**

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Proposer Name: \_\_\_\_\_

**Section 2 of 4 - PROPOSER DEBARMENT AND/OR SUSPENSION**

Is the proposer, any company official, or any subcontractor to the proposer, currently debarred, disqualified or suspended from proposing or contracting with the State of Connecticut, the Federal Government or any other governmental entity?

YES  NO

Does the proposer, any company official, or any subcontractor to the proposer, have a debarment, disqualification or suspension proceeding pending with the State of Connecticut, the Federal Government or any other governmental entity?

YES  NO

If the above signed proposer, any company official or any subcontractor to the proposer *has* received notices of debarment and/or suspension from contracting with the State of Connecticut, the Federal Government or any governmental entity, said notices must be attached to this document when submitting this proposal.

Number of notices attached \_\_\_\_\_

**Section 3 of 4 – DISCLOSURE STATEMENT OF CRIMINAL CONVICTIONS AND/OR DISCIPLINARY ACTION**

List any criminal convictions, guilty pleas or nolo contendere against your company and any of your company's officers, principal shareholders, directors, partners, LLC members and LLC managers.

\_\_\_\_\_  
(Attach additional sheets if necessary)

List any administrative actions either pending review by the state or determinations that the state has made regarding your company or any of your company's officers, principal shareholders, directors, partners, LLC members or LLC managers. This would include court judgments, actions, suits, claims, demands, investigations and legal, administrative or arbitration proceedings pending in any forum. Include a listing of OSHA violations and any actions or orders pending or resolved with any state agency such as the department of consumer protection, the department of environmental protection, etc. Detail this information on a separate sheet of paper. Such information should be for the last three (3) years.

\_\_\_\_\_  
(Attach additional sheets if necessary)

Proposer Name: \_\_\_\_\_

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Section 4 of 4 – OSHA COMPLIANCE

In accordance with C.G.S. § 31-57b, the proposer certifies that all of the statements herein contained below have been examined and are true and correct to the best of their knowledge and belief.

The proposer  **HAS**  **HAS NOT** been cited for three (3) or more willful or serious violations of any Occupational Safety and Health (OSHA) Act or of any standard, order or regulation promulgated pursuant to such act, during the three year period preceding the solicitation, provided such violations were cited in accordance with the provisions of any State Occupational Safety and Health Act of 1970, and not abated within the time fixed by the citation and such citation has not been set aside following appeal to the appropriate agency of court having jurisdiction or  **HAS**  **HAS NOT** received one or more criminal convictions related to the injury or death of any employee in the three-year period preceding the solicitation.

The list of violations (if applicable) is attached.