

Richmond Metropolitan Transportation Authority (RMTA)

FORM A: Certification

Proposer: _____

Name of Firm: _____

1. Has the firm or any affiliate,* or any current officer, director, or employee of either the firm or any affiliate, been indicted or convicted of the bid (i.e., fraud, bribery, collusion, conspiracy, antitrust, etc.) or other contract related crimes or violations or any other felony or serious misdemeanor within the past ten years?

☐ Yes ☐ No

If yes, please explain:

2. Has the firm or any affiliate* ever sought protection under any provision of any bankruptcy act within the past ten years?

☐ Yes ☐ No

If yes, please explain:

3. Has the firm or any affiliate* ever been disqualified, removed, debarred, or suspended from performing work for the federal government, any state or local government, or any foreign governmental entity within the past ten years?

☐ Yes ☐ No

If yes, please explain:

4. Has the firm or any affiliate* ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or other material misrepresentation to a public entity within the past ten years?

☐ Yes ☐ No

If yes, as to each such inquiry, state the name of the public agency, the date of the inquiry, the grounds on which the public agency based the inquiry, and the result of the inquiry.

5. Has any project performed or managed by the firm or, to the knowledge of the undersigned, any affiliate* involved repeated or multiple failures to comply with safety rules, regulations, or requirements within the past ten years?

☐ Yes ☐ No

If yes, please identify the team members and the projects, provide an explanation of the circumstances, and provide owner contact information including telephone numbers.

6. Has the firm or any affiliate* been found, adjudicated, or determined by any state court, state administrative agency, including, but not limited to, the Virginia Department of Labor and Industry (DOLI), federal court or federal agency, to have violated or failed to comply with any law or regulation of the United States or any state within the past ten years governing prevailing wages (including but not limited to payment for health and welfare, pension, vacation, travel time, subsistence, apprenticeship or other training, or other fringe benefits) or overtime compensation?

☐ Yes ☐ No

If yes, please explain:

7. Concerning each of Questions 1-6 above, if not previously answered or included in a prior response on this form, is any proceeding, claim, matter, suit, indictment, etc. currently pending against the firm that could result in the firm being found liable, guilty or in violation of the matters referenced in Questions 1-7 above and/or subject to debarment, suspension, removal, or disqualification by the federal government, any state or local government, or any foreign governmental entity?

☐ Yes ☐ No

If yes, please explain and provide the information requested as to such similar items outlined in Questions 1-7 above.

8. In the past five (5) years, has the Firm or any proposed sub-consultants ever been removed from a contract or failed to complete a contract as assigned? Submit full details of the terms for removal from the contract. Identify the other party, its name, address, and telephone number. Present the Proposer's position on the matter. If Proposer team members have experienced no such termination for default in the past five (5) years, indicate accordingly.

☐ Yes ☐ No

If yes, please explain:

- * The term "Affiliate" means parent companies at any tier, subsidiary companies at any tier, entities under common ownership, joint ventures and partnerships involving such entities (but only as to activities of joint ventures and partnerships involving a Proposer, Financially Responsible Party or any major Subcontractor as a joint venture or partner and not to activities of other joint venturers or partners not involving a Proposer, Financially Responsible Party or any major Subcontractor), and other financially liable or responsible parties for the entity, that (a) within the past five (5) years have engaged in business or investment in North America or (b) have been involved, directly or indirectly, in the design, construction, equipping, installation, integration, testing, operation, maintenance or back office toll collection and customer service for any project listed by an entity in their response to this RFP.

Under penalty of perjury, I certify that the foregoing is true and correct and that I am the firm's Official Representative:

By: _____

Print Name: _____

Title: _____

Date: _____

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FORM B: RFP Responsiveness Verification

No.	Responsiveness Criteria	Satisfied ¹
(1)	The VENDOR's response conforms to all RFP instructions regarding organization, format, and content, including page limitations	<input type="checkbox"/>
(2)	Vendor's RFP response includes each of the following:	<input type="checkbox"/>
	(a) Transmittal Letter (<u>Form A</u>)	<input type="checkbox"/>
	(b) Executive Summary	<input type="checkbox"/>
	(c) Confidential Contents Index	<input type="checkbox"/>
	(e) Experience and Qualifications	<input type="checkbox"/>
	(f) References	<input type="checkbox"/>
	(g) Approach to the Services	<input type="checkbox"/>
	(h) Availability	<input type="checkbox"/>
	(i) Organization Chart	<input type="checkbox"/>
	(j) Legal Information	<input type="checkbox"/>
	(k) Completed Forms	<input type="checkbox"/>
(3)	The Appendix to the RFP includes each of the following:	<input type="checkbox"/>
	(a) Identification of a Financially Responsible Party, as evidenced through completion of <u>Form E (Information Regarding Proposer Team and Financially Responsible Party)</u>	<input type="checkbox"/>
	(b) Financial Statements	<input type="checkbox"/>
	(c) All rating information and materials for the Proposer or Financially Responsible Party	<input type="checkbox"/>
	(d) Identification of off-balance sheet liabilities, or confirmation of the absence of such liabilities	<input type="checkbox"/>

¹ Proposer shall check each box to confirm that it believes the relevant Pass/Fail Evaluation Criteria have been satisfied.

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FORM C: Acknowledgement of Addenda

Name of Proposer:

Proposer's Official Representative:

Title:

Telephone Number:

Email Address:

I/We hereby acknowledge receipt of the following addenda and have made the necessary revisions to the Contractor's Proposal, approach, design and technical specifications, etc., and agree that these addenda are included in the Contractor's Proposal.

Addenda # / Signature / Date:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I/We understand that failure to confirm receipt of addenda may cause the bid to be irregular.

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FORM D: Projects & Clients List

Use the format below to provide projects and clients for no more than five tolling industry projects awarded, implemented, or operated during the period 2019-2024. These are all meant to be single-line answers. Do NOT expand. Also, please indicate what type of project your firm was awarded using the terminology of TCS for indication that your firm provided a TCS to the project, CBO for indication that your firm provided a CBO to the project, CSC for indication that your firm provided installation and operations of a customer service center; IR for indication that your firm provided a IR to the project O&M for indication your firm provided operation and maintenance services; and Equipment Only for indication that your firm provided equipment to the project such as transponders, readers, antennas, etc. [When filling out the Form, the VENDOR may increase the size of each section to add graphical information.](#)

Project 1	
Project Name	
Project Description	
Type of Project (TCS, CBO, CSC, O&M, Equipment only)	
Project Manager	
Client Name	
Client Contact Person	
Client Phone Number	
Client Email Address	
Award Date	
Status of Project	
Project Award Contract Value	
Current Contract Value	
Contracted Delivery Date	
On Schedule (Yes or No)	
If no, explain briefly.	
Project 2	
Project Name	
Project Description	
Type of Project (TCS, CBO, CSC, O&M, Equipment only)	
Project Manager	
Client Name	
Client Contact Person	
Client Phone Number	
Client Email Address	
Award Date	
Status of Project	
Project Award Contract Value	
Current Contract Value	
Contracted Delivery Date	
On Schedule (Yes or No)	
If no, explain briefly.	

Project 3

Project Name	
Project Description	
Type of Project (TCS, CBO, CSC, O&M, Equipment only)	
Project Manager	
Client Name	
Client Contact Person	
Client Phone Number	
Client Email Address	
Award Date	
Status of Project	
Project Award Contract Value	
Current Contract Value	
Contracted Delivery Date	
On Schedule (Yes or No)	
If no, explain briefly.	

Project 4

Project Name	
Project Description	
Type of Project (TCS, CBO, CSC, O&M, Equipment only)	
Project Manager	
Client Name	
Client Contact Person	
Client Phone Number	
Client Email Address	
Award Date	
Status of Project	
Project Award Contract Value	
Current Contract Value	
Contracted Delivery Date	
On Schedule (Yes or No)	
If no, explain briefly.	

Project 5

Project Name	
Project Description	
Type of Project (TCS, CBO, CSC, O&M, Equipment only)	
Project Manager	
Client Name	
Client Contact Person	
Client Phone Number	
Client Email Address	
Award Date	
Status of Project	
Project Award Contract Value	
Current Contract Value	
Contracted Delivery Date	
On Schedule (Yes or No)	
If no, explain briefly.	

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FORM E Detailed Project Descriptions

Of the projects that were previously listed on **Form D**, please select 3 (three) projects that you would like to highlight that are most relevant to this procurement. Please note that if a portion of the questions do not apply to the project you have selected to highlight, please indicate with "N/A." When filling out the Form, the VENDOR may increase the size of each section to add graphical information.

Project 1			
Client Name			
Project Name			
Project Description			
Project Pricing/Budget			
Entity's Contract Value			
Client Contact Information			
Name of Client Contact			
Email			
Phone			
Number of Accounts			
Prepaid			
Post Paid			
Annual Transactions			
Number of License-Based Transactions			
Number of Transponder-Based Transactions			
Equipment			
Contract Value of Equipment (if supplied by your firm)		Type	
Workstations			
IVR Systems			
Other Equipment			
Customer Service Center (CSC)		Value of Number of Accounts	
Contract Value of CSC Startup			
Contract Value of CSC Annual Operations			
Number of CSRs (including supervisors) provided by entity			
Number of Image Reviewers provided by entity			
Total Number of Staff supplied by Entity			
Back Office System			Yes/No
Contract Value of Back Office System			
Integrate with 3 rd Party System.			
Integrate with your firm's System.			
Credit Collections	Value or Number	Yes/No	
Contract Value of Collections Processing			
# of Collection Accounts			
Value of Successful Collections			
Image Processing	Value or Number	Yes/No	
Contract Value of Image Processing			
Guaranteed Automation Rate			
Human Image Reviewer Provided (Yes or No)			
Integrated with the entity's collection system? (Yes or No)			

Project 2			
Client Name			
Project Name			
Project Description			
Project Pricing/Budget			
Entity's Contract Value			
Client Contact Information			
Name of Client Contact			
Email			
Phone			
Number of Accounts			
Prepaid			
Post Paid			
Annual Transactions			
Number of License-Based Transactions			
Number of Transponder-Based Transactions			
Equipment			
Contract Value of Equipment (if supplied by your firm)		Type	
Workstations			
IVR Systems			
Other Equipment			
Customer Service Center (CSC)		Value of Number of Accounts	
Contract Value of CSC Startup			
Contract Value of CSC Annual Operations			
Number of CSRs (including supervisors) provided by entity			
Number of Image Reviewers provided by entity			
Total Number of Staff supplied by Entity			
Back Office System			Yes/No
Contract Value of CBO			
Integrate with 3 rd Party System.			
Integrate with your firm's System.			
Credit Collections	Value or Number	Yes/No	
Contract Value of Collections Processing			
# of Collection Accounts			
Value of Successful Collections			
Image Processing	Value or Number	Yes/No	
Contract Value of Image Processing			
Guaranteed Automation Rate			
Human Image Reviewer Provided (Yes or No)			
Integrated with the entity's collection system? (Yes or No)			

Project 3			
Client Name			
Project Name			
Project Description			
Project Pricing/Budget			
Entity's Contract Value			
Client Contact Information			
Name of Client Contact			
Email			
Phone			
Number of Accounts			
Prepaid			
Post Paid			
Annual Transactions			
Number of License-Based Transactions			
Number of Transponder-Based Transactions			
Equipment			
Contract Value of Equipment (if supplied by your firm)		Type	
Workstations			
IVR Systems			
Other Equipment			
Customer Service Center (CSC)		Value of Number of Accounts	
Contract Value of CSC Startup			
Contract Value of CSC Annual Operations			
Number of CSRs (including supervisors) provided by entity			
Number of Image Reviewers provided by entity			
Total Number of Staff supplied by Entity			
Back Office System			Yes/No
Contract Value of CBO			
Integrate with 3 rd Party System.			
Integrate with your firm's System.			
Credit Collections	Value or Number	Yes/No	
Contract Value of Collections Processing			
# of Collection Accounts			
Value of Successful Collections			
Image Processing	Value or Number	Yes/No	
Contract Value of Image Processing			
Guaranteed Automation Rate			
Human Image Reviewer Provided (Yes or No)			
Integrated with the entity's collection system? (Yes or No)			

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FORM F: Information Regarding Proposer Team and Financially Responsible Party

Name of Proposer:

Proposer's Official Representative:

Title:

Telephone Number:

Email Address:

List each Proposing Team Member:

Identify the Proposer's Financially Responsible Party(ies):

General Information

- **Legal Name of Entity:**
- **Type of Entity: (e.g., Corporation, LLC, Partnership)**
- **State of Incorporation or Formation:**
- **Date of Incorporation or Formation:**
- **Federal Tax Identification Number:**
- **Business Address:**
- **Street:**
- **City:**
- **State:**
- **ZIP Code:**
- **Website:**

Contact Information

- **Primary Contact Person:**
- **Name:**
- **Title:**
- **Phone Number:**
- **Email Address:**
- **Alternate Contact Person:**
- **Name:**
- **Title:**
- **Phone Number:**
- **Email Address:**