

Form C1 - Authority to Transact Business in VA Form

VIRGINIA STATE CORPORATION COMMISSION (SCC) REGISTRATION INFORMATION

THIS FORM MUST BE SUBMITTED WITH YOUR PROPOSAL. FAILURE TO INCLUDE THIS FORM MAY RESULT IN REJECTION OF YOUR PROPOSAL

The Offeror: _____
Legal Name of Company (as listed on W-9)

CHECK ONLY ONE (1) BLOCK BELOW

is a corporation or other business entity with the following SCC identification number:

This IS NOT the same as a Tax ID Number (TIN)

-OR-

is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust

-OR-

is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the business entity in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from business entity's out-of-state location) **-OR-**

is an out-of-state business entity that is including with this bid/proposal an opinion of legal counsel which accurately and completely discloses the undersigned business entity's current contacts with Virginia and describes why those contacts do not constitute the transaction of business in Virginia within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia. Falsification of such statement may be cause for debarment.

Please check the following box if you have not checked any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for bids/proposals:

If this proposal for goods or services is accepted by the City of Falls Church, the undersigned agrees that the requirements of the Code of Virginia Section 2.2-4311.2 have been met.

Any Offeror described herein that fails to provide the required information or for whom such signed exception is not considered valid by the City, may not receive an award unless a waiver is granted, in writing, by the City Manager or his designee.

Authorized Signature

Date

Print or Type Name and Title

FORM C2 - COMPANY INFORMATION

1. Legal Name of Business: _____

Other Business Names (including dba(s), T/As, etc.) used during past ten (10) years, if applicable:

2. Type of Business: Proprietorship Partnership Corporation Other: _____
(Specify)

3. Name/Title of Owner or Chief Executive Officer: _____

4. Federal DBE and/or Virginia SWaM firm? NO YES # _____ DUNS # _____

5. Key contact person for Proposal Questions and/or Contract Administration:

Printed Name: _____ Phone: _____

Title: _____ Email address: _____

6. How long has the firm been in the business of providing the services required by this solicitation? _____ years

7. How many persons does the firm currently employ? _____ Full-time _____ Part-time

8. Address of local office/shop from which work will be provided: _____

9. Is all the equipment, i required by this Solicitation and/or necessary to efficiently and effectively perform the services under this solicitation operative and presently in the firm's equipment inventory?

YES NO. If NO, explain. _____

10. What licenses or permits does the firm possess that are applicable to performing the services required?

Subcontractors to be utilized if contract is awarded.

Please note that Contractor will be required to submit copies of Subcontractor licensing as applicable and obtain City approval of specific Subcontractors prior to beginning work.

Subcontractor's Name	Types of Work To Be Performed	% Of Total Work To Be Performed

11. Is the firm currently removed from a vendor's list or debarred from conducting business or submitting bids/proposals on contracts by any Commonwealth of Virginia agency or local government, or agency of the Federal government See Section entitled "Debarment Status"? YES NO

If yes, explain and provide information regarding the debarment and the local or federal government or agency contact information (name, title, telephone number and email address).

FORM C3 – DBE/SWaM FIRM INFORMATION

1. PRIME CONSULTANT:

Federal DBE and/or Virginia SWaM firm? NO YES

DBE # _____ SWAM # _____

DUNS # _____

2. SUBCONSULTANT FIRMS:

For each proposed subconsultant, please provide the following information:

Subconsultant Firm	Types of Services	Check if NOT a DBE/SWaM firm	DBE and/or SWaM #

CERTIFICATION REGARDING DEBARMENT
PRIMARY COVERED TRANSACTIONS
(To be completed by a Prime Consultant)

Project: _____

- 1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
 - b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; and have not been convicted of any violations of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
 - c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 1) b) of this certification; and
 - d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- 2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

The undersigned makes the foregoing statements to be filed with the proposal submitted on behalf of the offeror for contracts to be let by the Commonwealth Transportation Board.

Signature

Date

Title

Name of Firm

CERTIFICATION REGARDING DEBARMENT
LOWER TIER COVERED TRANSACTIONS
(To be completed by a Sub-consultant)

Project: _____

- 1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

- 2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

The undersigned makes the foregoing statements to be filed with the proposal submitted on behalf of the offeror for contracts to be let by the Commonwealth Transportation Board.

Signature

Date

Title

Name of Firm