

EXHIBIT "E"

REQUIRED FORMS

Following are the attached forms:

1. Form 1: Request for Proposal Form (required)
2. Form 2: Proposal Checklist (required)
3. Form 3: Statement of No Submittal (not required)
4. Form 4: Contractor Responsibility (required)
5. Form 5: Intent to Propose
6. Form 6: A - E – Pricing Schedules (required)
7. Form 7: System Functionality (required)

**FORM 2
PROPOSAL CHECKLIST
CITY OF SANIBEL
REQUEST FOR PROPOSALS
CONFERENCE ROOM MULTI-MEDIA INSTALLATION
14IT-01**

Initial

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Original proposal (Form 1, "Request for Proposal Form") must be signed, in ink, by a corporate officer, partner or proprietor completed and enclosed. | <input type="checkbox"/> |
| 2. Proposal submitted in a sealed envelope. | <input type="checkbox"/> |
| 3. Envelope plainly marked on its outside with "SUBMITTAL NUMBER <u>14IT-01</u> & CLOSING DATE <u>July 25, 2014; 2:00 PM. (EST)</u> " | <input type="checkbox"/> |
| 4. An original and four (4) complete copies of the response should be enclosed. | <input type="checkbox"/> |
| 5. A concise overview of the system proposed should be completed and enclosed. | <input type="checkbox"/> |
| 6. All questions concerning company background and qualifications should be answered and enclosed. | <input type="checkbox"/> |
| 7. At least five (5) customer references, preferably public sector, enclosed. | <input type="checkbox"/> |
| 8. Narrative descriptions of the proposed project design enclosed. | <input type="checkbox"/> |
| 9. All questions concerning implementation and support answered and enclosed. | <input type="checkbox"/> |
| 10. All cost information enclosed. | <input type="checkbox"/> |
| 11. Complete and enclose Form 6, "Pricing Schedule". | <input type="checkbox"/> |
| 12. A sample of the proposed Contract Agreement enclosed. | <input type="checkbox"/> |
| 13. Complete and enclose Form 2, "Proposal Checklist". | <input type="checkbox"/> |
| 14. Complete and enclose Form 4, "Contractor Responsibility" | <input type="checkbox"/> |
| 15. Complete and enclose Form 7, "System Functionality Response". | <input type="checkbox"/> |

FORM 3
STATEMENT OF NO SUBMITTAL

If you will not be submitting on this product/service, please help us by completing and returning only this page to:

City of Sanibel
IT Department
800 Dunlop Road
Sanibel, FL 33957
Fax 239-472-3065

Submittal #13IT-01 and Description: REQUEST FOR PROPOSALS TO PROVIDE
CONFERENCE ROOM MULTI MEDIA INSTALLATION.

We, the undersigned, decline to submit a response on the above project for the following reason(s):

- We are not able to respond to the Invitation to Proposal or Request for Proposals by the specified deadline.
- Our Company does not offer this product or service.
- Our current work schedule will not permit us to perform the required services.
- Specifications are incomplete or information is unclear
(Please explain below).

Other (Please specify below)

Company Name _____ PH _____

Name and Title of individual completing this form:

(Printed Name)

(Title)

(Signature)

(Date)

FORM 4
CONTRACTOR RESPONSIBILITY FORM
City of Sanibel
14IT-01

A. Project title: REQUEST FOR PROSALS TO PROVIDE CONFERENCE ROOM MULTI-MEDIA INSTALLATION

B. Submitter information:

Legal Name

DBA

Street Address

City, State Zip

- | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. In the past five (5) years, has your firm changed name?
If yes , explain the reasons for the name(s) change and detail previous names and DBA's. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the past five (5) years, has your firm ever been the debtor in a bankruptcy proceeding?
If yes , explain the circumstances and dates. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your company now in the process of, or in negotiations toward, or in preparations for being sold?
If yes , explain the circumstances, to whom being sold and contact information. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the past five (5) years, has your firm's financial position significantly changed?
If yes , explain the circumstances. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the past five (5) years, has your firm ever been denied bonding?
If yes , explain the circumstances surrounding each instance and include the name of the bonding company. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the past five (5) years, has any bonding company made any payments to satisfy any claims made against a bond issued on your firm's behalf or a firm where you were the principal?
If yes , explain the circumstances surrounding each instance. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the past five (5) years, has your firm ever defaulted under a contract with a governmental entity or with a private individual or entity?
If yes , explain the circumstances surrounding each instance. | <input type="checkbox"/> | <input type="checkbox"/> |

8. In the past five (5) years, has a governmental or private entity or individual terminated your firm's contract prior to completion of the contract?
If yes, explain the circumstances surrounding each instance, and principal contact information.
9. In the past five (5) years, has your firm ever failed to meet any scheduled deliverables or milestones?
If yes, explain the circumstances and provide contact information.
10. In the past five (5) years, has your firm or any of its owners, partners, or officers, been penalized for or been found to have violated any federal, state, or local laws in the performance of a contract, including but not limited to laws regarding health and safety, labor and employment, wage and hours, and licensing laws which affect employees?
If yes, explain the circumstances surrounding each instance, including the entity involved, the specific infraction(s), the dates of such instances, and the outcome and current status.
11. In the past five (5) years, has your firm ever been debarred or determined to be a non-responsible bidder contractor?
If yes, explain the circumstances surrounding each instance, including the entity involved, the specific infraction(s), the dates of such instances, and the outcome and current status.
12. In the past five (5) years, has your firm been convicted of, or found liable in a civil suit for making a false claim(s) or material misrepresentation(s) to any private or governmental entity?
If yes, explain the circumstances including the entity involved, the specific infraction(s), the dates of such instances, and the outcome and current status.
13. In the past five (5) years, has your firm or any of its executives, management personnel, and owners been convicted of a crime, including misdemeanors, or been found liable in a civil suit involving the bidding, awarding, or performance of a government contract; or the crime of theft, fraud, embezzlement, perjury, or bribery?
If yes, explain the circumstances surrounding each instance, including the entity involved, the specific infraction(s), the dates of such instances, and current status.



CITY OF SANIBEL

INTENT TO PROPOSE
on
Request for Proposals
to
PROVIDE CONFERENCE ROOM MULTI-MEDIA INSTALLATION
Number 14IT-01
FORM 5

Firm Name: _____

Contact Name: _____

Mailing Address: _____
PO Box or Street Number and Name

City State Zip

Phone Number: _____
Area code Phone number

FAX #: _____
Area code FAX Number

E-mail address: _____
Email address is required as this will be used for
communication during the RFP process

Signature of contact person above: _____

Return to: Bert Smith, IT Director, City of Sanibel, 800 Dunlop Road,
Sanibel, FL 33957 or FAX to: 239-472-3065

**FORM 6 - D
PRICING SCHEDULE
TO BE COMPLETED BY VENDOR AND RETURNED**

OTHER POTENTIAL COSTS ASSOCIATED WITH THIS PROJECT

QTY	DESCRIPTION	UNIT PRICE	EXT. PRICE
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	TOTAL	\$	\$

Executed by (signature): _____

Print Name: _____

Title: _____

For (Corporation): _____

State: _____

Address: _____

Phone: _____

Fax: _____

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FORM 6 - E
PRICING SCHEDULE
TO BE COMPLETED BY VENDOR AND RETURNED

SUMMARY OF CHARGES

QTY	DESCRIPTION	UNIT PRICE	EXT. PRICE	PRICE WITH EXT WAR.
	PRICING SCHEDULE AND IMPLEMENTATION COSTS	\$	\$	\$
	TRAINING COSTS	\$	\$	\$
	MAINTENANCE AND SUPPORT COSTS	\$	\$	\$
	OTHER POTENTIAL COSTS	\$	\$	\$
	ANNUAL MAINTENANCE YR. 1	\$	\$	\$
	ANNUAL MAINTENANCE YR. 2	\$	\$	\$
	ANNUAL MAINTENANCE YR. 3	\$	\$	\$
	ANNUAL MAINTENANCE YR. 4	\$	\$	\$
	ANNUAL MAINTENANCE YR. 5	\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
	TOTAL	\$	\$	\$

Executed by (signature): _____

Print Name: _____

Title: _____

For (Corporation): _____

State: _____

Address: _____

Phone: _____

Fax: _____

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FORM 6 - F
POTENTIAL FUTURE WORK PRICING SCHEDULE
TO BE COMPLETED BY VENDOR AND RETURNED

	DESCRIPTION	Cost Type (ie hourly)	Cost
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$

Executed by (signature): _____

Print Name: _____

Title: _____

For (Corporation): _____

State: _____

Address: _____

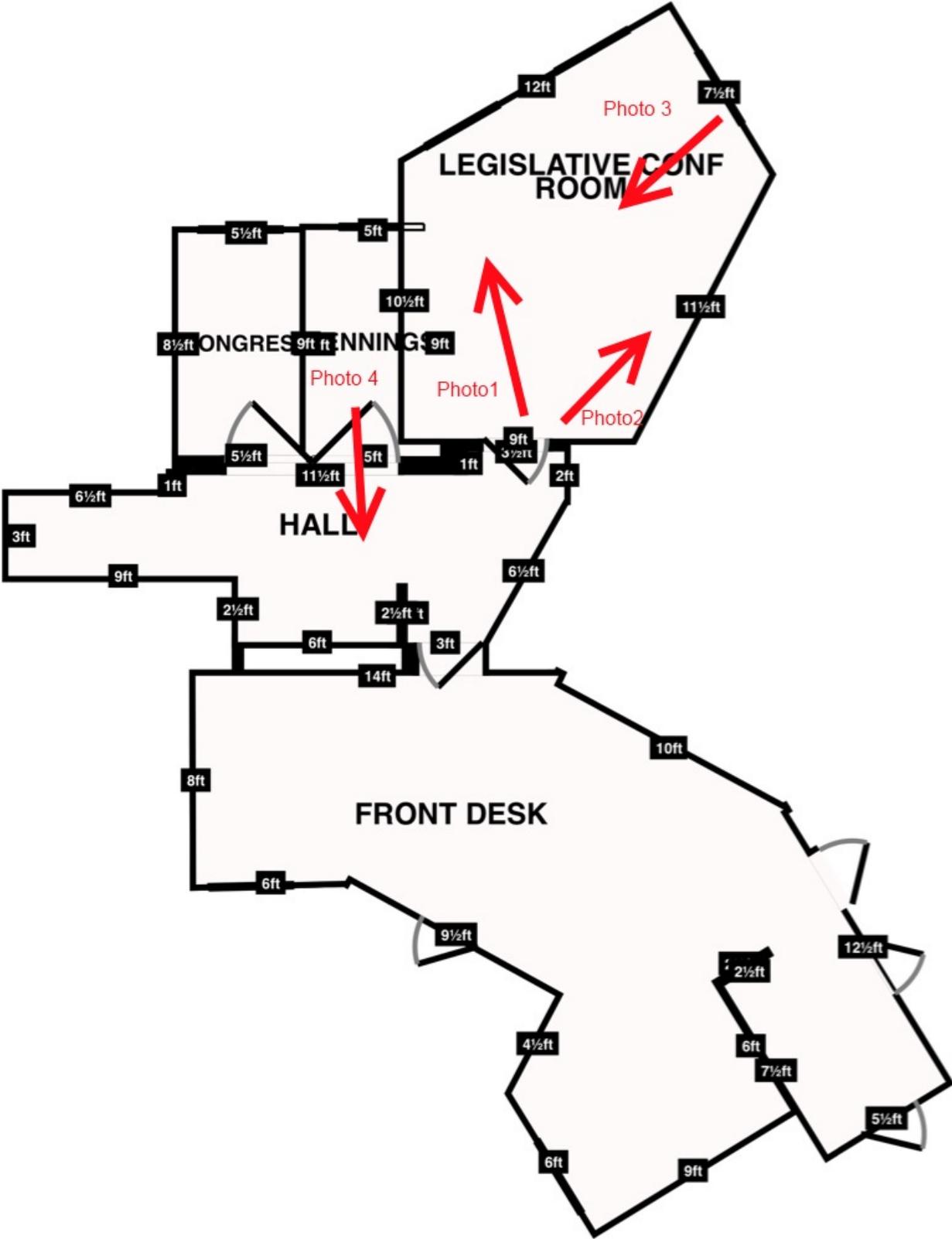
Phone: _____

Fax: _____

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FORM 7
SYSTEM FUNCTIONALITY RESPONSE

APPENDIX
FLOOR PLAN AND PHOTOS



Measurements are approximate.

Photo 1



Photo 2



Photo 3



Photo 4

