



# PGC **SUPPLY** **SCHEDULE**



## CONTRACT ADMINISTRATION & PROCUREMENT DIVISION APPLICATION

**Issue Date: February 6, 2023**

Prince George's County Supply Schedule (PGCSS) Category:  
**FINANCIAL SERVICES - NAICS CODE 541219**

**This application is restricted to County Based Small Businesses  
or County Based Minority Business Enterprises.**

### NOTICE

A Prospective Bidder that has downloaded this solicitation from the **SPEED** eProcurement Platform <https://service.ariba.com/Discovery.aw/ad/profile?key=AN01496591158> or e-Maryland Marketplace Advantage <https://emma.maryland.gov/> will receive emailed notices through those platforms of addenda with changes or additional materials related to this Solicitation.



# PGC **SUPPLY** **SCHEDULE**



Dear Supplier,

Thank you for your interest in doing business with Prince George's County, Maryland. We look forward to a very successful procurement process.

Read and follow the instructions very carefully, as any misinterpretations or failure to comply with instruction could lead to your submittal being rejected as non-responsive. In addition, all addenda are posted on SPEED eProcurement Platform, <https://www.princegeorgescountymd.gov/3692/SPEED> , and on the Contract Administration & Procurement ("Procurement") Division's procurement opportunities website, <https://service.ariba.com/Discovery.aw/ad/profile?key=AN01496591158> , and on e-Maryland Marketplace Advantage <https://emma.maryland.gov/>

Should you have any questions, please visit our website to view the information provided on "How to Do Business with Prince George's County" or feel free to contact the Procurement Officer identified in this application. Again, thank you for your continued interest in doing business with Prince George's County (PGC) Government.

Sincerely,

Jonathan R. Butler, Director  
Office of Central Services,  
County Purchasing Agent

**PRINCE GEORGE'S COUNTY  
CONTRACT ADMINISTRATION & PROCUREMENT DIVISION  
APPLICATION KEY INFORMATION SUMMARY SHEET**

**Application Name:** Prince George's County Supply Schedule (PGCSS) Category – Financial Services  
**NAICS Code(s):** 541219  
**Application Issue Date:** February 6, 2023  
**\*Closing Date and Time:** February 6, 2024 at 4:00 pm EST

**\*Important Note To Offerors...** Although the Supply Schedule Solicitation/Application contains a protracted closing or response due date, we highly encourage you to submit your complete response to the application as soon as possible since we will be reviewing applications for immediate evaluation beginning February 13, 2023 through February 16, 2023 and award upon submission. This may enable you to be a new Prince George's County Supply Schedule contractor sooner.

**Procurement Contact:** Cedet Francois, Procurement Officer III  
Contract Administration & Procurement Division 1400 McCormick Drive,  
Suite 200  
Largo, Maryland 20774  
Phone: (301) 883-6400

**Pre-Proposal Conference:** February 13, 2023 at 9:00 am EST

**Submission of Questions:** All questions must be submitted through SPEED.  
**Questions Due By:** February 16, 2023 at 2:00 pm EST

**☑ W (MDODWLRQ3HULRG) ☐ 0DUEK1**  
**Bid Bond Required:** No Bid Bond is required

**Proposals must be submitted to SPEED:** For assistance with registering for SPEED or to access a listing of FAQs, please visit **SPEED** eProcurement Platform  
<https://www.princegeorgescountymd.gov/3692/SPEED>

Read and follow the instructions very carefully, as any misinterpretations or failure to comply with instruction could lead to your submittal being rejected as non-responsive. In addition, all addenda are posted on **SPEED** eProcurement Platform.

# **PRINCE GEORGE'S COUNTY SUPPLY SCHEDULE**

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**Section 2: STATEMENT OF WORK (SOW)**

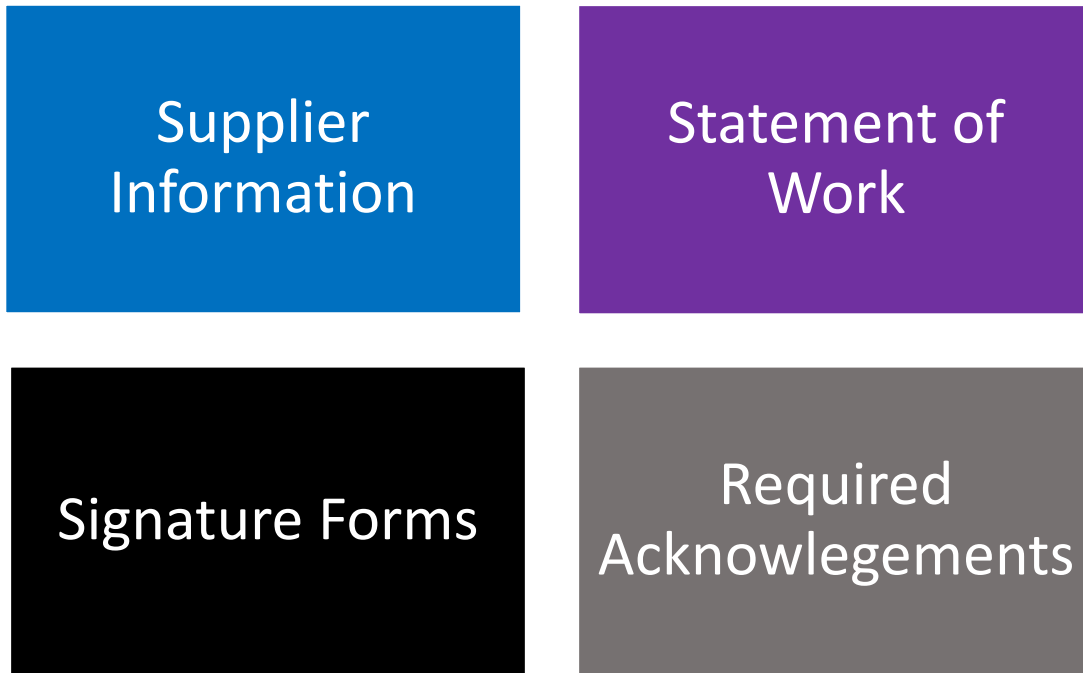
**Section 3: SIGNATURE FORMS**

**Section 4: REQUIRED ACKNOWLEDGEMENTS**

By virtue of Section 10A-113 (Competitive Sealed proposal), the formal adoption of a Federal GSA-MAS schedule contract (GSA Pricing Schedule), orders placed under an awarded PGCSS contract are considered to be issued under full and open competition. Consequently, ordering offices do not need to seek further competition, synopsise the requirement, or make a separate determination of fair and reasonable pricing. By placing an order against a PGCSS contract using the procedures in this section, the ordering office has concluded that the order represents the best value and results in the lowest overall cost alternative to meet PGC's needs.

## ROADMAP OF PGCSS APPLICATION PROCESS

The PGCSS Application is a four-section document that replaces the traditional PGC RFP. The sections and descriptions are below:



**Application Instructions:** Completion of all four sections of the PGCSS Application is required. Follow the detailed instructions identified in each section of the Application. Ensure all items in the Application are complete before uploading to SPEED.

**Section 1: Supplier Information** – Provide Supplier specific data such as Supplier’s legal business name, physical address, and company information. Section 1 should be submitted as an upload to SPEED.

**Section 2: Statement of Work (SOW)** – Includes the SOW requirements, SOW and adopted GSA Pricing Schedule response requirements and detailed submittal instructions. All prescribed response formats for submission, such as formatted spreadsheets or forms will be provided, if required. The respondent should submit a PDF of the adopted GSA Price Schedule and include the GSA Contract number and Supplier name. All SOW documents should be submitted as an upload to SPEED.

**Section 3: Signature Forms** – All PGC Application Forms in this section require signatures and must be submitted as an upload to SPEED.

**Section 4: Required Acknowledgements** – Supplier will review the required documents via a PDF file. A form requiring Supplier’s signature acknowledging Supplier has read and accepted all documents must be submitted as an upload to SPEED.

(SECTION CONTINUES BELOW)

# SUPPLIER INFORMATION

## Section 1

(Instructions: Supplier must review and respond to each question within this section.)

Supplier Information	
Supplier Legal Name	
Supplier Physical Address	
Supplier Mailing Address (if different)	
Supplier Office Phone Number	
Supplier Website	
Supplier Business Type	Select One
Supplier State of Incorporation	
Supplier Foreign-Owned Status	Select One

Supplier Contact #1	
Supplier Contact #1: Full Name	
Supplier Contact #1: Title	
Supplier Contact #1: Email Address	
Supplier Contact #1: Office Phone Number	
Supplier Contact #1: Mobile Number	

Supplier Contact #2	
Supplier Contact #2: Full Name	
Supplier Contact #2: Title	
Supplier Contact #2: Email Address	
Supplier Contact #2: Office Phone Number	
Supplier Contact #2: Mobile Number	

Fiscal Year Ending			
	2019	2020	2021
Supplier's Annual Sales			
Supplier's Annual Sales to PGC			
Supplier's # of Employees			

(SECTION CONTINUES BELOW)

### Supplier Stability and Qualifications Questions

Has your company been a party to litigation currently pending or filed within the last five (5) years related to contracts for products or services to be provided by you to PGC? If yes, please provide details on the litigation (e.g., including description of the dispute, litigating parties, forum and docket number).	
Is your company in the process of completing any significant mergers or acquisitions and/or divestitures?	
Has your company completed any mergers, acquisitions and/or divestitures during the past two (2) years? If yes, please describe.	
Does your company have any liens, judgements or pending liabilities that may adversely affect your company financials?	
In the prior calendar year, what percent of your total annual sales can be attributed, directly or indirectly, to products and or services provided to PGC?	
Supplier shall provide its most recent Annual Financial Statements (Audited or prepared in accordance with Generally Accepted Accounting Principles (GAAP) as a part of its Application.).	Select One
Is your company's revenue more than 30% dependent upon a single customer?	
Does PGC employ any of your company's principals or employees? If so, list the applicable names.	
Does your company have a Maryland State Business License? A copy of the license must be included with your Application response.	Select One
Is your company registered as a PGC supplier?	Select One

(SECTION CONTINUES BELOW)

### Supplier Acknowledgement Questions

<p>Supplier must have been in business for a minimum of three (3) years with previous experience in performance of projects with similar scope and requirements.</p>	<p>Select One</p>
<p>At its own expense, Supplier shall:</p> <ul style="list-style-type: none"> <li>• Obtain all necessary licenses and permits.</li> <li>• Provide competent supervision.</li> <li>• Take precautions necessary to protect persons or property against injury or damage and be responsible for any such damage or injury that occurs as a result of the act, omission, error, fault and/or negligence of Supplier, its employees, agents and/or representatives.</li> <li>• Perform the work without unnecessarily interfering with other contractors' work or PGC activities.</li> <li>• Provide all products and services required for timely and efficient fulfilment of the SOW including but not limited to labor, expertise, supervision, administrative support, tools, equipment, parts, supplies and transportation.</li> <li>• Once a crew is mobilized to the work site, the work is expected to continue without interruption.</li> <li>• Travel and set-up time shall be the responsibility of the Supplier and will not be paid for by PGC.</li> <li>• If the work is interrupted due to conditions outside the control of the Supplier, the Supplier shall immediately notify the PGC prior to work stoppage.</li> </ul>	<p>Select One</p>
<p>Supplier acknowledges reviewing the Application, in its entirety, and agrees to submit all completed forms, certifications, affirmations and affidavits required within this Application.</p> <p><b>Note: Omitted or incomplete required forms may result in elimination of the proposal from further consideration.</b></p>	<p>Select One</p>

(SECTION CONTINUES BELOW)



### Supplier Acknowledgement Questions

<p>Are you certified by PGC’s Supplier Development &amp; Diversity Division (PGC-OCS-SDDD)? If no, you are not eligible to complete this application. Click link below for certification details.  <a href="https://mypgc.diversitycompliance.com/?TN=mypgc">https://mypgc.diversitycompliance.com/?TN=mypgc</a></p>	<p>Select One</p>
<p>Select your PGC certification. Supplier must be a PGC-based Small Business (CBSB) or PGC-based Minority Business Enterprise (CBMBE), in good standing, at time of proposal submission.</p>	<p>Select One</p>
<p>Provide your PGC certification number.</p>	
<p>Do you have an existing agreement for a procurement funded by a PGC agency or the PGC government, including any existing multiyear contract or extended contract? If yes, provide the contract number. If no, enter “N/A”.</p>	
<p>Supplier acknowledges the requirement to execute a Term Contract with PGC pursuant to the awarding of this Application.</p>	<p>Select One</p>
<p>Supplier agrees all responses must be submitted in U.S. dollars and must be considered binding and remain in effect for one hundred twenty (120) days from the Application Due Date.</p>	<p>Select One</p>
<p>Please acknowledge that PGCSS makes no guarantee of award or volumes awarded. PGCSS reserves the right to split award volumes.</p>	<p>Select One</p>
<p>Supplier acknowledges all proposals submitted in response to this Application become the property of PGC and may be appended to any formal documentation which would further define or expand the contractual relationship between PGC and the successful Supplier.</p>	<p>Select One</p>
<p>Supplier agrees to review and accept the Required Acknowledgements in Section 4.</p>	<p>Select One</p>

# STATEMENT OF WORK (SOW)

## Section 2

### 2.1 Background and Purpose

In an effort to meet the requirements for procurement spending according to Procurement Codes 10A-161 and 10A-162, the Office of Central Services has developed an integrated supplier management and economic growth strategy, with an inclusive focus on Minority Business Enterprises, PGC-based Small Businesses (CBSBs) and PGC-based Minority Business Enterprises (CBMBEs). This SOW serves to increase local economic development for CBSBs/CBMBEs by establishing prime suppliers to PGC government for a variety of commercial goods and services.

The Supplier is the legally responsible employer and maintains that relationship during the time its employees or subcontractors are assigned to a PGC Agency or client. The Supplier recruits, tests, hires, trains, assigns, pays, provides benefits and leave to, and as necessary, addresses performance problems, disciplines, and terminates its employees. The Supplier is responsible for payroll deductions and payment of income taxes, social security (FICA), health insurance, unemployment insurance, and workers' compensation, as applicable, and shall provide required liability insurance and bonding.

### 2.2 Financial Services SOW

#### SCOPE

This SOW covers Financial Services across a broad spectrum of labor titles and services to meet the needs of PGCs' Agencies.

Financial Services may include, but are not limited to, audits, budget, financial management, expense reductions, accounting services, portfolio analysis, billing services, payroll services and operational audits such as, transportation and funds recovery. Financial services also include qualified financial labor expertise.

#### EVALUATION

The selection procedure for procurement of this contract shall be an SOW capability analysis, professional reference check and Adopted GSA Pricing Schedule review.

(SECTION CONTINUES BELOW)

# STATEMENT OF WORK RESPONSE

Instructions: Supplier must review and respond in the format provided in this section.

## I. Table of Contents

## II. Transmittal Letter

**Instructions:** A transmittal letter prepared on the Supplier's business stationery shall accompany the SOW and adopted GSA Pricing Schedule. This letter should be brief and shall list all items contained within the response as defined below. It shall bear the name of the company, and name, title, business address, email address and telephone number of the person authorized to obligate the company. The letter must be signed (in blue ink) by an individual authorized to bind the Supplier to all statements contained in the response including services and pricing. Should the Supplier take exceptions to or place any restrictions on any provision or requirement of this Application, they must be specified and addressed within the transmittal letter. **The Supplier shall include in the transmittal letter, a statement that the submitted SOW and adopted GSA Pricing Schedule shall remain valid for a minimum period of one-hundred twenty (120) calendar days from the Application Due Date.**

## III. Supplier Capability Response

SUPPLIER CAPABILITY	
<b>The following requirements should be addressed within Supplier's overall SOW response.</b>	
Project Plan: Approach and Methodology	<ul style="list-style-type: none"><li>● Supplier's methodology and approach to financial project planning.</li><li>● Project coordination with PGC Agencies.</li><li>● High level overview of Supplier's information gathering and organization process.</li><li>● Identification and mitigation of issues, root causes assessments and performance gaps.</li></ul>
Project Tracking Methodologies and Tools	<ul style="list-style-type: none"><li>● Processes and procedures associated with project tracking and analysis of the project requirements and deliverables.</li><li>● Project tracking templates and tools.</li></ul>
Stakeholder Management	<ul style="list-style-type: none"><li>● Methodology for engagement and coordination with key stakeholders.</li><li>● Plans for trust building and communications management.</li></ul>
Supplier to PGC Client(s): Knowledge Transfer Strategy	<ul style="list-style-type: none"><li>● Strategies for Supplier's proactive transfer of knowledge to PGC Agencies and or clients.</li></ul>
Quality Control and Review Process	<ul style="list-style-type: none"><li>● Plans for implementing project quality control measures.</li><li>● Remediation of quality control issues.</li></ul>
Dashboard and Project Reporting	<ul style="list-style-type: none"><li>● Project dashboard and reporting methodology.</li><li>● Strategic development of reporting activities and formats in support of project initiatives and objectives.</li></ul>

(SECTION CONTINUES BELOW)

## IV. Supplier's Management and Implementation Team

Supplier's response must describe the following personnel and the support provided to meet the requirements in the SOW. Additionally, it must include number of relevant years of experience, relevant job experience, years of employment with Supplier, certifications, educational background and relevant professional affiliations.

- Management Team
- Account Team
- Other

## **V. Supplier's Pricing Response, Labor Descriptions and GSA Price Schedule Adoption (SOW Exhibit I)**

Instructions: Review your pricing structure and identify an existing GSA contract via the following link: [GSA eLibrary](#). Search NAICS Code 541219. Under Description Matches > Source > MAS, click Category 541219. This page includes all MAS schedules in Category 541219. Go to Display dropdown and highlight Small Business, and click go to display all small businesses in this NAICS Code. Adopt a small business schedule from this list that best matches your capabilities and pricing strategy. Do not use Large Business (o) pricing for your adopted schedule. Large business is denoted by (o).

Your adopted GSA Pricing Schedule should be uploaded with your SOW Response. Additionally, use SOW EXHIBIT 1 to input the pricing from your adopted schedule. SOW Exhibit 1 includes labor titles, job descriptions and pricing from the adopted GSA Pricing Schedule. PGC seeks base year pricing plus four (4) option years, if available in your adopted GSA Pricing Schedule. Only provide pricing included in your adopted GSA Pricing Schedule. Do not modify the pricing. (Note: If you currently have an approved GSA Pricing Schedule in this category, it is acceptable to adopt your own schedule.) Upload your SOW Response, adopted GSA Pricing Schedule, and Exhibit 1 to SPEED.

Your adopted GSA Pricing Schedule includes fully loaded (with benefits, overhead and taxes) rates that will be used as fixed prices in the development of projects and task orders. **Responses submitted without either Supplier's GSA schedule or an adopted GSA Pricing Schedule will be rejected and will not be considered for award.**

The following list of labor titles are examples of PGC's Financial Services labor category requirements and serve as a guide for selection of the GSA Pricing Schedule that will be adopted and submitted with your Application. In consideration of your capabilities and the GSA Pricing Schedule chosen for adoption, Suppliers are encouraged to submit a broad list of labor categories. PGC's goal is to have a broad spectrum of labor titles and Financial Services to meet the needs of PGC Agencies.

Exception: Labor titles specific to IT technology and construction trades are not included in this scope of Financial Services.

Financial Services may include, but are not limited to, audits, budget, financial management, expense reductions, accounting services, portfolio analysis, billing services, payroll services and operational audits such as, transportation and funds recovery. Financial services also include qualified financial labor expertise.

(SECTION CONTINUES BELOW)

**FINANCIAL SERVICES JOB TITLES (Examples)**

Senior Actuary	Billing Specialist	Accountant
Auditor	Bookkeeper	Management Financial Analyst
Budget Analyst	Payroll Clerk	Payroll Analyst
Data Analyst		

Note: Prince George's County Agencies may request services at a project or task order level. Specific requirements can be issued at the task order level. Prince George's County reserves the right to add compliance requirements, terms and conditions at the task order level.

**Submission Instructions: SOW and Adopted GSA Pricing Schedule**

**SIGNATURE AUTHORITY**

The SOW and Adopted GSA Pricing Schedule, if submitted by an individual, shall be signed by the individual, if submitted by a partnership, shall be signed by such member or members of the partnership as having authority to bind the partnership; if submitted by a corporation, shall be signed by an officer, and attested by the corporate secretary or an assistant corporate secretary. If not signed by an officer, there must be attached a copy of that portion of the by-laws or a copy of a board resolution, duly certified by the corporate secretary, showing the authority of the person so signing on behalf of the corporation. Signatures shall be under seal, i.e., indicated by the word "Seal" following signature of individual and partner Suppliers, and indicated by affixing the Corporate Seal at corporate signatures.

**SOW EVALUATION**

The SOW and Adopted GSA Pricing Schedule, together with all other required documents (e.g., Transmittal Letter, required Signature Forms) shall be submitted through the **SPEED** eProcurement Platform on or before the due date and time specified herein.

(SECTION CONTINUES BELOW)

## SOW Exhibit 1: Adopted GSA Pricing Schedule

**Category Name:** FINANCIAL SERVICES

**NAICS Code:** 541219

**Adopted GSA-MAS-Schedule Supplier Name:**

**Adopted GSA-MAS Schedule Contract No.:**

JOB TILE	DESCRIPTION	MINIMUM EDUCATION / CERTIFICATION LEVEL	MINIMUM YEARS OF EXPERIENCE	UNIT OF ISSUE (e.g., Hourly, Monthly)	YEARS				
					BASE	OPTION 1	OPTION 2	OPTION 3	OPTION 4
					06/01/2023 – 06/30/2024	7/1/2024 – 6/30/2025	7/1/2025 – 6/30/2026	7/1/2026 – 6/30/2027	7/1/2027 – 6/30/2028

(SECTION CONTINUES BELOW)

**Supplier's Pricing Response Required Questions**

Does Supplier have its own Federal (GSA-MAS) award contract?	Select One
Provide Supplier's Federal (GSA-MSA) contract number. (Note: If you currently have an approved GSA Pricing Schedule in this category, it is acceptable to adopt your own schedule. If you do not have either, then adopt a GSA Pricing Schedule that best fits your pricing strategy and product offering.)	
Supplier acknowledges it has its own Federal (GSA-MAS) award contract and it must offer PGC prices that are no greater than the prices set forth within that contract.	Select One
Enter the Federal (GSA-MAS) contract number and name of Supplier for the Federal (GSA-MAS) contract which Supplier is electing to adopt as a part of its SOW and Pricing Response for this Application.	
Supplier acknowledges that it has elected to adopt another supplier's Federal (GSA-MAS) contract (GSA Pricing Schedule) and that the prices Supplier will offer PGC will be no greater than the prices in the adopted Federal (GSA-MAS) contract.  Supplier further acknowledges the requirement to enter the Fixed Price Labor Hour (FPLH) titles and rates from the Federal (GSA-MAS) contract into SOW Exhibit 1.	Select One
Supplier acknowledges and agrees the Fixed Price Labor Hour (FPLH) rates shall be fully loaded (e.g., inclusive of statutory and non-statutory fringe benefit costs, worker's compensation, FICA, Federal and state unemployment insurance and such other allocable indirect costs on labor and a reasonable profit/fee). See SOW EXHIBIT 1 for further information.	Select One
Supplier may be required to provide oral presentations to discuss their proposal response and answer questions.	Select One

**(SECTION CONTINUES BELOW)**

## VI. Annual Financial Statements

Upload the three (3) most recent Annual Financial Statements (Audited or prepared in accordance with Generally Accepted Accounting Principles (GAAP) as a part of this Application).

Supplier's SOW Required Questions	
Supplier acknowledges reading, understanding, and accepting the information contained within the SOW section herein.	Select One
Does your company have relevant business or professional licenses or certifications?	
Supplier's personnel may be required to pass a security background check, if requested.	Select One

Professional References
Instructions: Supplier must provide three (3) professional references for which Supplier has provided work (products and services) of a similar nature and magnitude to that requested in this Application, and at organizations similar in size and type to PGC.

Professional Reference #1	
Reference #1 Company Name	
Reference #1 Company Address	
Reference #1 Contact Name	
Reference #1 Contact Email Address	
Description of Products/Services Provided to Reference	
Reference's Contract Initial Term Effective Date and Expiration Date	
Reference's Contract Renewal Term Effective Date and Expiration Date	
Professional Reference #2	
Reference #2 Company Name	
Reference #2 Company Address	
Reference #2 Contact Name	
Reference #2 Contact Email Address	
Description of Products/Services Provided to Reference	
Reference's Contract Initial Term Effective Date and Expiration Date	
Reference's Contract Renewal Term Effective Date and Expiration Date	

(SECTION CONTINUES BELOW)

Professional Reference #3
---------------------------



Reference #3 Company Name	
Reference #3 Company Address	
Reference #3 Contact Name	
Reference #3 Contact Email Address	
Description of Products/Services Provided to Reference	
Reference's Contract Initial Term Effective Date and Expiration Date	
Reference's Contract Renewal Term Effective Date and Expiration Date	

# SIGNATURE FORMS

## Section 3

**Form A – Bid/Proposal Affidavit.** This Form must be completed and submitted with the Application.

**Form B – Bidder/Offer Statement of Ownership.** This Form must be completed and submitted by the recommended awardee to the Procurement Officer within five (5) Business Days of receiving notification of recommendation for award.

**Form C – Vendor’s Oath and Certification.** This Form must be completed and submitted with the Application.

**Form D - Wage Requirements for County Service Contracts.** This Form must be completed and submitted with the Application as instructed in the Attachment.

**Form E – Certificate of Compliance regarding Fair Labor Standards Act –** This Form must be completed and submitted with the Application.

**Form F – Certification of Assurance of Compliance Regarding Suspension and Debarment -** This Form must be completed and submitted with the Application.

**Form G – First Source and Local Hiring Agreement -** This Form must be completed and submitted with the Application.

**Form H – Welfare to Work Initiative Form -** This Form must be completed and submitted with the Application.

**FORM A – PROPOSAL AFFIDAVIT**

PROPOSAL AFFIDAVIT

CERTIFICATION OF CORPORATION REGISTRATION AND TAX PAYMENT

**Part I: I HEREBY AFFIRM THAT:**

- 1. The business named below is a (Maryland\_\_\_\_) (foreign\_\_\_\_) corporation registered in accordance with the Corporations and Associations Article, Annotated Code of Maryland, and that it is in good standing and has filed all its annual reports, together with filing fees, with the Maryland State Department of Assessments and Taxation, and that the name and addresses of its resident agent filed with the State Department of Assessments and Taxation is:

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

Address: \_\_\_\_\_

\_\_\_\_\_ [If not applicable, so state]

- 2. Except as validly contested, the business has paid, or has arranged for payment of, all taxes due to the State of Maryland and has filed all required returns and reports with the Comptroller of the Treasury, the State Department of Assessments and Taxation, and the Employment Security Administration, as applicable, and will have paid all withholding taxes due to the State of Maryland prior to final settlement.

**Part II: I FURTHER CERTIFY THAT:**

- 1. I have complied with the applicable tax filing and licensing requirements of Prince George’s County, Maryland.
- 2. The filing information is true and correct concerning tax compliance for  
The past\_\_\_\_\_years.\_\_\_\_\_Current\_\_\_\_\_Not Current \_

Prince George’s County reserves the right to verify the above information with the appropriate government authorities.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Date:\_\_\_\_\_By:\_\_\_\_\_

(Authorized Representative and Affiant)

\_\_\_\_\_  
(Printed or Typed Name)

Form: Certification -Tax 12//03

**SUBMIT THIS AFFIDAVIT WITH PROPOSAL**

**FORM B – OFFEROR STATEMENT OF OWNERSHIP (continued)**

Part A below requires a business entity, when responding to a proposal application, to provide a statement of ownership as a condition of eligibility to receive a contract from Prince George’s County.

**NOTE:** Submission of completed document is prerequisite to award.

**PART “A” – OWNERSHIP**

Date: \_\_\_\_\_

1. Full name and address of business: \_\_\_\_\_

\_\_\_\_\_

City and State	Zip Code	Bus. Phone w/area code
----------------	----------	------------------------

2. Is the business incorporated? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Other names used by business i.e., T/A: \_\_\_\_\_

**Non-Corporate Business**

If response to Item #2 above is No, list the name and business and residence address of each individual having a 10% or greater financial interest in the business. (Please attach separate sheet as necessary.)

Name	Business Address	Residence Address
------	------------------	-------------------

**Corporate Business Entities**

Is the corporation listed on a national securities exchange? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. List the names of all officers of the corporation, their business and residence addresses and the date they assumed their respective offices. (Please attach separate sheet as necessary.)

Name	Residence Office	Business/Address	Date Office Assumed
------	------------------	------------------	---------------------

5. List the names of all members of the current Board of Directors, their business and residence addresses, the date each member assumed office and the date his/her term as a Director shall expire (if any). (Please attached separate sheet as necessary.)

Name	Residence Business/Address	Date Office Assumed	Date Term of Office Expires
------	----------------------------	---------------------	-----------------------------

**FORM B – OFFEROR STATEMENT OF OWNERSHIP (continued)**

6. List the names and residence addresses of all individuals owning at least 10% of the shares of any class of corporate security, including but not limited to stocks of any type or class and serial maturity bonds of any type or class. (Please attach separate sheet as necessary.)

Name Residence Address

This Financial Disclosure Statement has been prepared by \_\_\_\_\_  
\_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signed by Preparer

**PART “B” - OFFEROR’S QUALIFICATION STATEMENT**

Part B is Offeror’s Qualification Affidavit of “No Conviction” for bribery, attempted bribery, or conspiracy to bribe, and is required under Section 16-311 of the Maryland State Finance and Procurement Article. This signed form must be submitted with the Bid.

1. I am the \_\_\_\_\_ of \_\_\_\_\_ a party interested in obtaining a contract with Prince George’s County under conditions set forth in documents for Bid No. \_\_\_\_\_.
2. Upon examination of relevant records and to the best of my knowledge, no officer, director, partner or employees of the aforementioned business entity has on the basis of acts committed after July 1, 1977, been convicted of, or entered a plea of nolo contendere to, a charge of bribery, attempted bribery or conspiracy to bribe under the laws of the State of Maryland, any other state, or the federal government other than those listed on the attachment to this affidavit (attachment should list name, title, offense, place and date of conviction or plea);
3. I have been authorized to make this statement on behalf of the aforementioned party.

\_\_\_\_\_  
(Signature)

**ACKNOWLEDGMENT (Corporate)**

I, \_\_\_\_\_ certify that I am the  
Name (Printed)

\_\_\_\_\_ of \_\_\_\_\_ and  
Title and Office Business Entity

that \_\_\_\_\_ who signed the above Affidavit.  
Name (Printed)

**FORM B – OFFEROR STATEMENT OF OWNERSHIP (continued)**

\_\_\_\_\_ is the \_\_\_\_\_ of said entity; that I know his/her  
(Name) (Title)

Signature, and his/her signature thereto is genuine; and that the above Affidavit and Statement of Ownership was duly signed, sealed, and attested for in behalf of said entity by authority of its governing body. Further, under penalty of perjury I solemnly affirm that the contents of the foregoing Affidavit and Statement of Ownership are true to the best of my knowledge, information and belief.

\_\_\_\_\_(SEAL)  
(Name Printed)

\_\_\_\_\_(SEAL)  
(Signature)

\_\_\_\_\_(SEAL)  
Corporate Seal (as applicable)

**SUBMIT THIS FORM WITH PROPOSAL**

**VENDOR’S OATH AND CERTIFICATION**

Pursuant to Subtitle 10, Section 10A-110 of the Prince George’s County Regulations, the Purchasing Agent requests as a matter of law that any Contractor receiving a contract or award from Prince George’s County, Maryland, shall affirm under oath as below. Receipt of such certification, under oath, shall be a prerequisite to the award of contract and payment thereof.

“I (We) hereby declare and affirm under oath and the penalty of making a false statement that if the Contract is awarded to our firm, partnership or corporation that no officer or employee of the County whether elected or appointed, is in any manner whatsoever interested in, or will receive or has been promised any benefit from, the profits or emoluments of this Contract, unless such interest, ownership or benefit has been specifically authorized by resolution of the Board of Ethics pursuant to Section 1002 of the Charter of Prince George’s County, Maryland; and

I (We) hereby declare and affirm under oath and the penalty of making a false statement that if the Contract is awarded to our firm, partnership or corporation that no member of the elected governing body of Prince George’s County, Maryland, or members of his or her immediate family, including spouse, parents or children, or any person representing or purporting to represent any member or members of the elected governing body has received or has been promised, directly or indirectly, any financial benefit, by way of fee, commission, finder’s fee, political contribution, or any other similar form of remuneration and/or on account of the acts of awarding and/or executing this Contract, unless such officer or employee has been exempted by Section 1002 of the Charter of Prince George’s County, Maryland.

Handwritten Signature of Authorized Principal(s):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**SUBMIT THIS FORM WITH PROPOSAL**

**Wage Requirements for Service Contracts**

1. This application is subject to the County’s Wage requirements law for service contracts under Subtitle 10A-144 of the Prince George’s County Code. The “Wage Requirements Certification” and, if applicable, the “501(c)(3) Nonprofit Organization’s Employee’s Wage and Health Insurance Form” included with this application must be completed and submitted with your Bid response.

Failure to complete and submit with your Bid the required certification and pricing material on the form(s) included in this application, as applicable, will render your Bid unacceptable under County law and the Bid will be rejected for non-responsiveness.

2. A County contract for the procurement of services must require the Contractor and any of its subcontractors to comply with the wage requirements of this section, subject to exceptions from coverage for particular contractors in accordance with County Code Section 10A-144(b) and for particular employees in accordance with Section 10A-144(f).
3. If any federal, State or County law or federal or state contract or grant requires payment of higher wage or precludes compliance with Section 10A-144, that law shall prevail.
4. Non-profit organizations that are exempt from wage requirements under Section 10A-144 must perform the following: specify the wage the organization intends to pay to those employees who will perform direct, measurable work under the Contract and any health insurance the organization intends to provide to those employees.
5. A Contractor must not split or subdivide a contract, pay an employee through a third party or treat an employee as a subcontractor or independent Contractor, to avoid the imposition of any requirements in Section 10A-144.
6. Each Contractor and subcontractor covered under Section 10A-144 must: certify that it is aware of and will comply with the applicable wage requirements; keep and submit any verifiable records necessary to show compliance; and conspicuously post notices informing employees of the wage requirements and send a copy of each such notice to the County Purchasing Agent.
7. An employer must comply with Section 10A-144 during the initial term of the Contract and all subsequent renewal periods and must pay an increase adjustment in this wage rate, if any, automatically effective July 1 of each year. The County’s Wage Determination Board will adjust the wage rate by the annual average increase in the Consumer Price Index for all urban consumers for the Washington-Baltimore Metropolitan area, or successor index, for the previous calendar year and must calculate the adjustment to the nearest multiple of five cents.
8. An employer must not discharge or otherwise retaliate against an employee for asserting any right or filing a complaint of a violation under Section 10A-144. Any retaliation is subject to all sanctions that apply for non-compliance under Section 10A-144.
9. The County may access to the Contractor liquidated damages for any noncompliance with Section 10A-144 wage requirements at the rate of one percent per day of the total contract amount, or for a requirements contract, the estimated annual contract rate value, for each day of the violation. These liquidated damages amount includes the amount of any unpaid wages with interest. In the event of a breach of contract under this paragraph, the Contractor must pay to the County liquidated damages noted above, in addition to any other



**FORM D – WAGE REQUIREMENTS FOR SERVICE CONTRACTS (continued)**

remedies available to the County. The Contractor and County acknowledge that damages that would result to the County as a result of a breach under this paragraph are difficult to ascertain, and that liquidated damages provided for in this paragraph are fair and reasonable in estimating the damage to the County resulting from a breach of this paragraph by the Contractor. In addition, the Contractor is jointly and severally liable for any noncompliance by a subcontractor. Furthermore, the Contractor agrees that an aggrieved employee, as a third-party beneficiary, may by civil action enforce the payment of wages due under Section 10A-144 wage requirements and recover from the Contractor any unpaid wages with interest, a reasonable attorney's fee, and damages for any retaliation for asserting any right or claim under Section 10A-144 wage requirements.

10. The Purchasing Agent may conduct random audits to assure compliance with Section 10A-144. The Purchasing Agent may conduct an on-site inspection(s) for the purpose of determining compliance.
11. If the Contractor fails, upon request by the Purchasing Agent, to submit documentation demonstrating compliance with Section 10A-144 to the satisfaction of the Purchasing Agent, the Contractor is in breach of this Contract. In the event of a breach of contract under this paragraph, the Contractor must pay to the County liquidated damages noted in Paragraph 9 (above), in addition to any other remedies to the County. Contractor and County acknowledge that damages that would result to the County as a result of breach under this paragraph are difficult to ascertain, and that the liquidated damages provided for in this paragraph are fair and reasonable in estimating the damage to the County resulting from a breach of this paragraph by the Contractor.

**FORM D – WAGE REQUIREMENTS FOR COUNTY SERVICE CONTRACTS (continued)**

Prince George’s County Code Section 10A-144

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Wage Rate Effective July 1, 2022 through July 1, 2023 \$15.60 Per Hour
--

**MUST CHECK ALL APPROPRIATE BOXES BELOW that apply in the event you, as a Bidder, are awarded the Contract and become “Contractor.”**

1. Wage Requirements Compliance

- This Contractor, as a “covered employer,” will comply with the requirements under County Code Section 10A-144, Wage Requirements for County Service Contracts. Contractor will pay all employees who are not exempt under the wage requirements, and who perform direct measurable work for the County, at least the wage requirements effective at the time the work is performed. The price(s) submitted under this application include(s) sufficient funds to meet the wage requirements.

2. Exemption Status (if applicable)

This Contractor is exempt from Section 10A-144, Wage Requirements for County Service Contracts because it is:

- A Contractor who employs fewer than ten employees when the Contractor submits a bid or proposal and will continue to be exempt as long as the Contractor does not employ ten (10) or more employees at any time the Contract is in effect. Section 10A-144(b)(1).
- A Contractor who, at the time a contract is signed: has received less than \$50,000 from the County in the most recent 12-month period; and will be entitled to receive less than \$50,000 from the County in the next 12-month period. Section 10A-144(b)(2)(A) and (B).
- A public entity. Section 10A-144(b)(3).
  - A nonprofit organization that has qualified for an exemption from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Section 10A-144(b)(4). (Must complete Item 3 below).
  - An employer to the extent that the employer is expressly precluded from complying with Section 10A-144 by the terms of any federal or state law, contract, or grant. Section 10A-144(b)(7). (Must specify the law or furnish a copy of the contract or grant.)

A Contractor who has entered into a participation agreement under Section 10A-141. Section 10A-144(b)(8).

3. Nonprofit Wage and Health Information (Must complete and submit wage and health insurance form)

- This Contractor is a nonprofit organization that is exempt from coverage under Section 10A-144(b)(4).

**FORM D – WAGE REQUIREMENTS FOR SERVICE CONTRACTS (continued)**

Accordingly, the Contractor has completed the 501(c)(3) Nonprofit Organization’s Employee’s Wage and Health Insurance Form, which is attached. See Section 10A-144(c)(2).

4. Nonprofit’s Comparison Price(s)

- This Contractor is a nonprofit organization that is opting to pay its covered employees the hourly rate specified in the wage requirements. Accordingly, Contractor is duplicating the form on which it states its cost proposal or format that is contained in the Application, and is submitting on this duplicate form its cost(s) to the County had it not opted to pay its employees the hourly rate specified in the wage requirements. For proposal evaluation purposes, this cost(s) will be compared to the cost(s) of another nonprofit organization(s) that is paying its employees an amount consistent with its exemption from paying the hourly rate under the wage requirements. This revised information on the duplicate cost proposal or cost format form must be clearly marked as the organization’s comparison cost”. In order to compare your cost(s), the revised information on the duplicate cost proposal or cost format form must be submitted with your proposal, must show how the difference between your cost and your nonprofit organization comparison cost(s) was calculated, and will not be accepted after the proposal closing date. See Section 10A-144(c)(2).

5. Wage Requirements Reduction

- This Contractor is a “covered employer” and it desires to reduce its hourly rate paid under the wage requirements by an amount equal to or less than, the per employee hourly cost of the employer’s share of the health insurance premium. Contractor certifies that the per employee hourly cost of the employer’s share of the premium for that insurance is: \$\_\_\_\_\_. See Section 10A-144 (d)(1) and (2).

**CONTRACTOR CERTIFICATION**

Contractor Signature: Contractor submits this certification form in accordance with Section 10A-144 of the Prince George’s County Code. Contractor certifies that it, and any and all of its subcontractors that perform services under the resultant contract with the County, shall adhere to all requirements of Section 10A-144.

\_\_\_\_\_  
Signature: Authorized Corporate, Partner, or Proprietor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed/Printed Name of Signatory

\_\_\_\_\_  
Title of Authorized Signatory

Name of person designated by your firm to monitor your company’s compliance with the County’s Wage Requirements:

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

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

**FORM E – CERTIFICATE OF COMPLIANCE REGARDING FAIR LABOR STANDARDS ACT**

In accordance with the Fair Labor Standards Act of 1938 (29 USCS, Sections 201-216, 217-219, 557), the implementing rules and regulations thereof, a Certificate of Compliance with the Fair Labor Standards Act of 1938 is required of Bidder/Offeror(s) or prospective Contractors receiving a contract or award from Prince George’s County, Maryland. Receipt of such certification shall be a prerequisite to the award of contract and payment thereof.

**Certification of Bidder**

I (We) hereby certify that our firm, as producer of the goods to be purchased by Prince George’s County, Maryland, has complied with all applicable requirements of the Fair Labor Standards Act of 1938 (29 USCS, Sections 201-216, 217-219, 557).

Handwritten Signature of Authorized Principal(s):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Name of Firm/Partnership/Corporation:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

P.G.C. Form #4318  
(Rev. 12/93)

**SUBMIT THIS FORM WITH COST PROPOSAL**

**FORM F – CERTIFICATION OF ASSURANCE OF COMPLIANCE REGARDING  
SUSPENSION AND DEBARMENT**

**General**

In accordance with the common rule implementing Executive Orders 12549 and 12689, the implementing rules and regulations thereof, a Certification of Compliance with the Rule for Suspension and Debarment is required of Bidder/Offeror(s) or prospective Contractors receiving a contract or award from Prince George’s County, Maryland. Receipt of such certification shall be a prerequisite to the award of contract and payment thereof.

**Certification of Bidder**

I (We) am an authorized representative and hereby certify that our firm, as producer of the goods and/or services to be purchased by Prince George’s County, Maryland, has complied with all applicable requirements of the Non-procurement Common Rule For Debarment And Suspension.

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

Title: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Verification by County Agent**

On \_\_\_\_\_ the federal website was checked to ensure the above referenced Contractor does not appear on the list of parties that are debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT THIS FORM WITH PROPOSAL**

## FORM G – FIRST SOURCE AND LOCAL HIRING AGREEMENT

Pursuant to Prince George's County Code Section 10A-169, the Contractor agrees to the following provisions as a condition to their contract with Prince George's County:

- A) The first source for finding employees to fill all jobs created by the government assisted project shall be the First Source Registry;
- B) The first source for finding employees to fill any vacancy occurring in all jobs covered by a First Source and Local Hiring Agreement will be the First Source Registry;
- C) Contractor shall submit to the Prince George's County Economic Development Corporation's Workforce Services Division and the Purchasing Agent by the fifth business day of every month following the execution of the First Source and Local Hiring Agreement an agreement compliance report for the project that includes the:
  - (1) Number of employees needed;
  - (2) Number of current employees transferred;
  - (3) Number of new job openings created;
  - (4) Number of jobs openings listed with the Prince George's County Economic Development Corporation's Workforce Services Division;
  - (5) (A) For the reporting period (during the previous calendar month), the total number of County residents employed, including new County resident hires, and total hours worked by County residents, and
    - (A) For the calendar year, the cumulative total number of County residents employed, including cumulative new County resident hires and cumulative work hours by County residents; and
  - (6) (A) For the reporting period (during the previous calendar month), the total number of employees employed, including new hires, and total employee hours worked, and
    - (B) For the calendar year, the cumulative total number of employees hired, including cumulative new hires and cumulative employee hours worked, including, for each employee:
      - (i) Name;
      - (ii) Job title;
      - (iii) Hire date;
      - (iv) Residence; and
      - (v) Referral source for all new hires.

**FORM G – FIRST SOURCE AND LOCAL HIRING AGREEMENT (continued)**

- (D) At least ten (10) calendar days prior to announcing an employment position, a business that is a signatory to a First Source and Local Hiring Agreement under a procurement contract shall notify the Prince George’s County Economic Development Corporation’s Workforce Services Division of the available positions. If the County resident interviewed or otherwise considered for the position is not hired, the business shall provide reasons why the referred County resident was not hired. A good faith effort is required to hire the referred County resident, if sufficiently qualified for the available position.
  
- (E) The Purchasing Agent requires “best efforts” to reach a minimum goal that at least fifty-one percent (51%) of the annual man/woman hours (work hours), on both a total work hour and trade by trade basis, be worked by County residents as a condition of any contract or agreement for a procurement funded by a County agency, including requiring “best efforts” to reach a minimum goal that at least fifty-one percent (51%) of the annual apprenticeship work hours on such contracts or agreements be worked by apprentices who are County residents. The requirements of this Subsection extend to hiring by Contractors and subcontractors on procurements funded by a County agency under the supervision or control of the Contractors and subcontractors.

\_\_\_\_\_  
**Signature: Authorized Corporate Officer/Partner or Proprietor** **Date**

\_\_\_\_\_  
**Typed/Printed Name of Signatory** **Title of Authorized Signatory**

**Name of person designated by your firm to monitor your company’s compliance with the First Source and Local Hiring agreement:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SUBMIT THIS FORM WITH COST PROPOSAL**

**FORM H – WELFARE TO WORK INITIATIVE FORM**

**WELFARE TO WORK INITIATIVE:** The Prince George’s County Government actively supports provisions of the Welfare Innovation Act of 1996. Contractors responding to this solicitation are encouraged to hire persons enrolled in the “Resource Initiative for Self-Empowerment” Program as part of their Bid. Bidder/Offeror(s) interested in additional information on the welfare to work effort should contact the Prince George’s County Department of Social Services/Family Investment Program at (301) 909-6000 for referrals and to complete a job order form for all available positions.

*Please indicate below your interest in participating in the Welfare to Work Initiative:*

Will Seek Participation: \_\_\_\_\_

Not Interested: \_\_\_\_

Company Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SUBMIT THIS FORM WITH PROPOSAL**



# REQUIRED ACKNOWLEDGEMENTS

## Section 4

### REQUIRED ACKNOWLEDGEMENTS

Click the icon to access the documents listed below. Sign this form to acknowledge receipt of the listed documents, including, but not limited to, the General Terms and Conditions.



Acknowledgements  
Docs.pdf

1. **Supplier Participation Certification and Acknowledgement.** This Attachment must be completed and submitted with the Bid/Proposal.
2. **Supplier Utilization Plan.** All Parts (Parts 1, 2, 3 and 4) of this Attachment must be properly completed and submitted with the Bidder's Bid/Proposal or the Bid/Proposal will be deemed non-responsive and rejected. Parts 1 and 2 must be submitted with the Technical Proposal. Parts 3 and 4 must be submitted with the Bid Price Sheet.
3. **Certification of Contractor's Best Efforts.** This Attachment must be completed and submitted by the awardee if at any time during the term of the awarded contract the awardee is not in compliance or is unable to comply with the supplier participation requirements of the solicitation.
4. **Equipment List.** This Attachment must be completed and submitted with the Technical Response, if applicable **501(c)(3) Nonprofit Organization's Employees' Wage and Health Insurance Form-Prince George's County Code, Section 10A-144.** This Attachment must be completed and submitted with the Bid/Proposal only where applicable.
5. **Mid-Atlantic Purchasing Team Rider.** If applicable, this Attachment must be completed and submitted with the Bid/Proposal.
6. **Statement Regarding Compliance with Resident Hiring Goals on Existing Contracts at Renewal or Extension.**
7. **First Source and Local Hiring Agreement Compliance Report.** The Contractor must submit this attachment to the Prince George's County Economic Development Corporation's Workforce Services Division by the fifth business day of every month.
8. **Clean Renewable Energy Technology Feasibility Assessment.**
9. **Notice Under the Americans with Disabilities Act.**
10. **Definitions of Certified Businesses**
11. **Monthly Supplier Participation Report.** This Attachment must be completed and submitted to the Office of Central Service Compliance Unit each month during the term of the awarded contract.
12. **Request for Modification of Supplier Utilization Plan.** This Attachment must be completed and submitted to the Office of Central Service Compliance Unit if at any time during the term of the awarded contract the Contractor has reason to know that the supplier participation requirements are not or may soon not, be met.
13. **General Conditions and Instructions to Bidder/Offerors**
14. **General Terms and Conditions**
15. **Sample Agreement**

**REQUIRED ACKNOWLEDGEMENTS**

**Section 4 (CONTINUED)**

By my signature below, I acknowledge that I have received and reviewed the documents listed above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name