

EXHIBIT A

BID FORM

Project Name: **REQUEST FOR PROPOSAL FOR HEADWALLS**
Nursing Simulation Lab – Building 1

Due Date: **May 17, 2024**

Bid From: _____

The undersigned hereby proposes to provide to the College all materials, services, and labor necessary to perform all work in connection with the project in strict accordance with the terms of the Request for Proposal.

In submitting this bid, the undersigned agrees:

- a. To provide all goods, equipment, and services required by the RFP.
- b. To hold this bid open for 60 days from the date of the bid opening
- c. To execute a purchase order relating to this bid if the bid is selected.

1. Price Bid:

Each item should be priced. College reserves the right to modify quantity ordered:

Item	QTY	Price Per Unit	Total Price
Surface Mounted Patient Care Headwall, Simulation Only	4		
TOTAL PRICE			

Bidder must respond to each of the yes/no prompts below, otherwise the bid will not be considered.

2. References:

Required Not Required

The Bidder must provide references as required in the RFP

3. Addenda:

Complete this section if any Addenda were issued and received.

Bidder has received Addenda bidder must insert addenda numbers through bidder must insert the issue date of the most recently received addendum.

4. Nondiscriminatory Subcontractor Participation:

Bidder certifies that it has not and will not discriminate against disadvantaged business enterprises, minority-owned, women-owned, or service-disabled-veteran-owned businesses, or emerging small-business enterprises in awarding any subcontract relating to this ITB or any contract awarded under it.

Yes No

5. Conflicts of Interest.

Proposer certifies that no officer, agent, or employee of the College that has a pecuniary interest in the proposal has participated in the contract negotiations on the part of the College; that the proposal is made in good faith without fraud, collusion, or connection of any kind with any other proposer in connection with this RFP; and that the proposer is competing solely on its own behalf without connection with or obligation to any undisclosed person or firm.

6. Oregon Office for Business Inclusion and Diversity Certification:

Please indicate whether your business is certified under ORS 200.055 as any of the following:

Minority Business Enterprise Women Business Enterprise
 Emerging Small-Business Enterprise Service-Disabled-Veteran Enterprise

7. Bidder's Signature and Identification:

I hereby certify that this bid is genuine and that I have not entered into collusion with any other entity or person relating to this bid.

Name of Proprietor, Partnership, or Corporation:

Authorized Official Name and Title (Please Print):

Signature of Authorized Official: _____ Date Signed:

Street Address

City, State, and Zip Code

Mailing Address (if different from street address)

City, State, and Zip Code

Phone Number

Employer Federal ID Number