**Sourcing Event:** **0000008693**

**Attachment 3**

**Proposer Information and References**

**Part I**

**Proposer Information**

|  |  |
| --- | --- |
| Name of Organization |  |
|  |  |
| Federal ID # |  |
|  |  |
| Address |  |
|  |  |
| Authorized Representative Name |  |
|  |  |
| Authorized Representative Title |  |
|  |  |
| Authorized Representative Email |  |
|  |  |
| Contact Name |  |
|  |  |
| Contact Title |  |
|  |  |
| Contact Phone |  |
|  |  |
| Contact Email: |  |
|  |  |
|  |  |
|  |  |
| Using Subcontractor? | ☐ Yes  ☐ No  If yes, Name of Subcontractor: |
|  |
|  |
|  |

**Part II**

**Proposer References**

All proposers, including current Contractor(s), must provide references for at least three (3) organizations of the approximate size and volume comparable to commodities and/or services described in this Solicitation. Upon request, successful proposer(s) may also be required to submit a letter of reference from each reference listed within five (5) days of notification. Failure to do so may result in rejection of proposal.

|  |  |  |
| --- | --- | --- |
| **1.** | Name of Organization |  |
|  |  |  |
|  | Address (street, city, state, zip) |  |
|  |  |  |
|  | Contact Name |  |
|  |  |  |
|  | Phone No. |  |
|  |  |  |
|  | Email |  |
|  |  |  |
|  | Number of Years Providing Service |  |
|  |  |  |
| **2.** | Name of Organization |  |
|  |  |  |
|  | Address (street, city, state, zip) |  |
|  |  |  |
|  | Contact Name |  |
|  |  |  |
|  | Phone No. |  |
|  |  |  |
|  | Email |  |
|  |  |  |
|  | Number of Years Providing Service |  |
|  |  |  |
| **3.** | Name of Organization |  |
|  |  |  |
|  | Address (street, city, state, zip) |  |
|  |  |  |
|  | Contact Name |  |
|  |  |  |
|  | Phone No. |  |
|  |  |  |
|  | Email |  |
|  |  |  |
|  | Number of Years Providing Service |  |
|  |  |  |

**Part III**

**Proposer Release of Liability for References**

The undersigned hereby fully and forever release, exonerate, discharge and covenant not to sue the City, its commissions and boards, officers and employees, and all individuals, entities and firms providing information, comments, or conclusions ("Reference Information") in response to inquiries that the City may make regarding the qualifications or experience of a Prime proposer, proposed joint venture partner, proposed subconsultant or proposed key/lead team member in connection with the selection process for the OFE Financial Counseling Service Provider solicitationfrom and for any and all claims, causes of action, demands, damages, and any and all liabilities of any kind or description, in law, equity, or otherwise arising out of the provision of said Reference Information. This Release and Waiver is freely given and will be applicable whether or not the responses by said individuals, entities or firms are accurate or not, or made willfully or negligently.

|  |
| --- |
|  |

Organization Name

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of Authorized Representative of Organization Date

|  |
| --- |
|  |

Print Name and Title

**Part IV.**

**Certifications**

I understand that the City reserves the right to modify contract requirements at the time of funding and/or during the contract agreement negotiations; that a contract may be negotiated for a portion of the amount requested; that funding sources are subject to change; and that there is no contract until a written contract agreement has been signed by both parties and approved by all applicable City agencies.

Submission of a proposal signifies that the proposed services and prices are valid for 180 calendar days from the Proposals Deadline and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

The signatory below is a person authorized to obligate the organization to perform the commitments contained in the RFP and proposal. Submission of this document will constitute a representation by the organization that it is willing and able to perform the commitments and requirements contained in the RFP and proposal.

|  |
| --- |
|  |

Organization Name

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of Authorized Representative of Organization Date

|  |
| --- |
|  |

Print Name and Title