NON-COLLUSION STATEMENT

This is to certify that the undersigned Vendor has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this solicitation, and further certifies that it is not a sub-contractor to another Vendor who also submitted a bid/proposal as a primary Vendor in response to this solicitation submitted this date to the State of Delaware, Office of Management and Budget, Government Support Services.

It is agreed by the undersigned Vendor that the signed submission of this bid/proposal represents, subject to any express exceptions set forth on the Exception form, the Vendor's acceptance of the terms and conditions of this solicitation including all specifications and special provisions.

NOTE: Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Office of Management and Budget, Government Support Services.

COMPANY NAME				
NAME OF AUTHORIZED RE	PRESENTATIVE			
SIGNATURE		TITLE _		
COMPANY ADDRESS				
PHONE NUMBER		FAX NUI	MBER	
EMAIL ADDRESS				
FEDERAL E.I. NUMBER				
AFFIRMATION: Within the	past five (5) years, has your fi	rm, any affiliate, any p	redecessor company or entity, owner	.,
		_	overnment suspension or debarment	,
YES NO	if yes, please explain:			
THIS PAGE SHALL BE S BID/PROPOSAL TO BE C	IGNED AND NOTARIZED (ONSIDERED.	NOTARY SEAL MU	ST BE VISIBLE) FOR YOUR	
SWORN TO AND SUBSCR	IBED BEFORE ME this	day of		
Notary Public:		My commission	expires:	
City of:	County of:		State of ·	

VENDOR INFORMATION SHEET

COMPANY NAME: _			
Purchase Order Addres	ss:		
Website:			
Diverse Vendor Self-Id	lentification:		
WBE	MBE VBE	SDVBE IWDBE Other:	
State Certified:	Yes No If yes,	which State(s):	
Federal Certifie			
	Primary Contact	Secondary Contact	
Contact Name			
Contact Type	Choose Best Option	Choose Best Option	
Phone Number/Ext.			
Email			
Fax Number			

BUSINESS REFERENCES

List a minimum of three business references of similar size and scope. Please do not list any State Employee(s) as a business reference. If Subcontractors are identified, a minimum of three business references must also be provided for each subcontractor.

REFERENCE ONE
Contact Name:
Contact Title:
Business Name:
Address:
Email:
Phone #:
Current Vendor (YES or NO):
Years Associated & Type of association:
Work Performed:
REFERENCE TWO
Contact Name:
Contact Title:
Business Name:
Address:
Email:
Phone #:
Current Vendor (YES or NO):
Years Associated & Type of association:
Work Performed:
REFERENCE THREE
Contact Name:
Contact Title:
Business Name:
Address:
Email:
Phone #:
Current Vendor (YES or NO):
Years Associated & Type of association:
Work Performed:

Contract No.: **GSS25844-LAW_UNFRMS**

Contract Title: Law Enforcement Uniforms

CONFIDENTIALITY FORM

Responding vendor may elect to designate sections of their proposal as confidential, intellectual property, trade secrets, and other confidential business information. Vendor shall explain below how the redacted information is not "public record" as defined by 29 *Del. C.* § 10002. The State shall independently determine the validity of any vendor designation as set forth in this section. Any vendor submitting a bid/proposal herein expressly accepts the State's absolute right and duty to independently assess the legal and factual validity of any information designated as confidential business information.

, ,	
If your bid/proposal submission contains no redactions check the box below.	
By checking this box, the Vendor acknowledges that they are not providing any information declare to be confidential or proprietary for the purpose of production under 29 <i>Del.</i> Delaware Freedom of Information Act.	nation they C. Ch. 100,
Confidentiality and Proprietary Information	
Confidentiality and Proprietary Information	

EXCEPTIONS FORM

	d elsewhere in the solicitation respons	ons to the terms and conditions of this solice will not be considered. Government Su	citation. All exceptions must be submitted below. upport Services maintains sole discretion
If your submissi	on contains no exceptions check the b	oox below.	
By checking this solicity		cknowledges that they take no exceptions	to the specifications, terms or conditions found in
Paragraph # and Page #	Current Language	Proposed Alternative	Justification

Note: Use additional pages as necessary, but the format shall be the same as provided above.

SUBCONTRACTOR INFORMATION

By checking this box, the responding vendor acknowledges that no su used to fulfill the requirements of this solicitation.	bcontractors will be
PROPOSING VENDOR INFORMATION	
Contract Number:	
Proposing Vendor Name:	
Mailing Address:	
SUBCONTRACTOR INFORMATION	
Subcontractor Name:	
Mailing Address:	
Diverse Vendor Self-Identification:	
WBE MBE VBE SDVBE IWDBE State Certified: Yes No If yes, which State(s):	
Federal Certified: Yes No	
DESCRIPTION OF WORK BY SUBCONTRACTO	OR Control
Name of the person signing (Proposing Vendor):	
Title of the person signing:	
Signature:	Date:
ACKNOWLEDGEMENT BY SUBCONTRACTO	
Name of the person signing:	
Title of the person signing:	
Signature:	Date: