

Proposal Form 1 Proposal Form EMPLOYEE TIME AND ATTENDANCE SYSTEM COUNTY OF GALVESTON, TEXAS

By signing here, the firm does hereby attest that it has fully read the instructions, conditions and general and special provisions and understands them.

EXCEPTIONS (if no exceptions are taken, state NONE):

THE COMPANY OF: _____

ADDRESS: _____

FEIN (TAX ID): _____

The following shall be returned with your qualification. Failure to do so may be ample cause for rejection of qualification as non- responsive. It is the responsibility of the qualifier to ensure that qualifier has received all addenda.

Items:	Confirmed (X):
1. Qualification Form	_____
2. Cost Proposal Forms	
A. Proposal Sheet	_____
B. Line Item Details	_____
3. Introduction and Statement of Qualifications	_____
4. References	_____
5. Narrative Response to Proposal	
6. Response to Galveston County Checklist	_____
7. Proposed Project Planning	_____
8. Minimum/Recommended Hardware Requirements	_____
9. Contracts	
A. Proposed Contract	_____
B. Proposed Maintenance and Support Agreement	_____
C. Proposed Service Leve Agreement (SLA)	_____
10. County Required Forms	

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EMPLOYEE TIME AND ATTENDANCE SYSTEM
COUNTY OF GALVESTON, TEXAS**

- A. Vendor Qualification Packet _____
- B. Debarment Certification Form _____
- C. Non-Collusion Affidavit _____
- 11. Addenda, if any #1_____ #2_____ #3_____ #4_____
- 12. One (1) original and four (4) copies of submittal _____
- 13. Electronic Copy of USB Flash Drive _____

Person to contact regarding this qualification: _____

Title: _____ Phone: _____ Fax: _____

E-mail address: _____

Name of person authorized to bind the Firm: _____

Signature: _____ Date: _____

Title: _____ Phone: _____ Fax: _____

E-mail address: _____

Qualifier shall use this form to provide the information for notice.

- 1. Contact information for notice:

Name: _____

Address: _____

Telephone Number: _____ Facsimile number: _____

E-mail address: _____

- 2. If a copy of notice is requested, please complete below:

Name: _____

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Address: _____

Telephone Number: _____ Facsimile number: _____

E-mail address: _____

3. If more copies are requested for notice, please supplement this form and clearly mark the supplement as "Supplementary Notice Information."

Qualifier to submit reference information. Qualifier shall use Proposal Form 4 and this form to provide minimum required reference information. If Qualifier wishes to provide more than the minimum, Qualifier should supplement this form and should clearly mark the supplement as "Supplementary Reference Information."

Proposal Form 4 - References who can attest to the Qualifier's capability to carry out the requirements set forth in this qualification:

References of major supplier of Qualifier who can speak to the financial capability of the Qualifier to carry out the requirements set forth in this qualification:

1. Business Name of Supplier _____

Name of Person: _____

Title of Individual within business: _____

Business address: _____

Telephone Number: _____ Facsimile number: _____

E-mail address: _____

2. Business Name of Supplier _____

Name of Person: _____

Title of Individual within business: _____

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Business address: _____

Telephone Number: _____ Facsimile number: _____

E-mail address: _____

3. Business Name of Supplier _____

Name of Person: _____

Title of Individual within business: _____

Business address: _____

Telephone Number: _____ Facsimile number: _____

E-mail address: _____

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