Note: All Forms and Attachments must be signed or acknowledged appropriately and submitted with your proposal.

(Include 1 hardcopy set with your 1 hardcopy original RFQ Proposal)

Attachment 1: ADDENDA, SELECTION PROCESS, GENERAL INSTRUCTIONS, REGULATORY INFORMATION AND SUPPLEMENTAL REQUIREMENTS ACKNOWLEDGMENT
Attachment 2: PRE-SUBMITTAL INQUIRY FORM
Attachment 3: REFERENCE FORMAT
Attachment 4: PROPOSAL CERTIFICATION
Attachment 5: ANTI-LOBBYING CERTIFICATION
Attachment 6: CONFLICT OF INTEREST CERTIFICATION
Attachment 7: FEDERAL DEBARRED LIST CERTIFICATION
Attachment 8: LEGAL WORKER CERTIFICATION
Attachment 9: VETERAN’S PREFERENCE CERTIFICATION
Attachment 10: SUPPLIER SUSTAINABILITY QUESTIONNAIRE
Attachment 11: SERVICE PROVIDER ACKNOWLEDGEMENT
Attachment 12: ARIZONA STATE UNIVERSITY SUB W-9 (Required If Awarded Contract)
ATTACHMENT 1: ADDENDA, SELECTION PROCESS, GENERAL INSTRUCTIONS, REGULATORY INFORMATION AND SUPPLEMENTAL REQUIREMENTS

ACKNOWLEDGMENTS

ALL ADDENDA (Acknowledge all Addenda received or viewed on Bid Board prior to closing)

RECEIPT BY THE UNDERSIGNED THAT THE FOLLOWING ADDENDA HAS BEEN READ AND HEREBY ACKNOWLEDGED:

Addendum Number: _______ Dated: __________ Acknowledged By: ____________________________

Addendum Number: _______ Dated: __________ Acknowledged By: ____________________________

Addendum Number: _______ Dated: __________ Acknowledged By: ____________________________

Addendum Number: _______ Dated: __________ Acknowledged By: ____________________________

Addendum Number: _______ Dated: __________ Acknowledged By: ____________________________

Addendum Number: _______ Dated: __________ Acknowledged By: ____________________________

Note: You will need to access this site area http://cfo.asu.edu/purchasing-forms in order to read and acknowledge all below referenced areas. If you have questions, please contact the Buyer listed in the Request for Qualifications (RFQ).

PART IV: SELECTION PROCESS: DP(CM@Risk) General Information & Instructions

RECEIPT BY THE UNDERSIGNED THAT THE SELECTION PROCESS HAS BEEN READ AND UNDERSTOOD AND IS HEREBY ACKNOWLEDGED:

Acknowledged By: _________________________________________ Dated: _____________

PART V: GENERAL INSTRUCTIONS: DP(CM@Risk) General Information & Instructions

RECEIPT BY THE UNDERSIGNED THAT ALL GENERAL INSTRUCTIONS HAS BEEN READ AND UNDERSTOOD AND IS HEREBY ACKNOWLEDGED:

Acknowledged By: _________________________________________ Dated: _____________

PART VI: REGULATORY INFORMATION: DP(CM@Risk) General Information & Instructions

RECEIPT BY THE UNDERSIGNED THAT ALL REGULATORY INFORMATION HAS BEEN READ AND UNDERSTOOD AND IS HEREBY ACKNOWLEDGED:

Acknowledged By: _________________________________________ Dated: _____________

SUPPLEMENTAL REQUIREMENTS:

RECEIPT BY THE UNDERSIGNED THAT SUPPLEMENTAL REQUIREMENTS HAS BEEN READ AND UNDERSTOOD AND IS HEREBY ACKNOWLEDGED:

Supplemental Requirements apply to ASU’s Capital Projects in excess of $2,000,000.00. The DP(CM@Risk) will complete the Owner’s requirements and forms as they apply to DP(CM@Risk) and Sub-consultants. DP(CM@Risk) and Sub-consultants will need to complete ASU Certification Forms and submit with each pay application. Detailed information can be found under Construction Forms, DP(CM@Risk) Tri-University Agreement in General Conditions in Article 13 MISC, Section 13.19 Supplemental Requirements. You can view the forms at same site under Supplemental Provisions for Projects $2 Million and Over DP(CM@Risk).

Acknowledged By: _________________________________________ Dated: _____________
ATTACHMENT 2: PRE-SUBMITTAL INQUIRY FORM

(Pre-Proposal Questions, General Clarifications, etc. – To complete this form, see RFQ for details)

PROJECT NAME: ASU

REQUEST FOR QUALIFICATIONS NUMBER: RFQ-DP(CM@RISK)-________-___________

INQUIRY DEADLINE: NO LATER THAN 5:00 P.M., MST ON ______________

QUESTIONS ON: __________ ORIGINAL PROPOSAL or __________ ADDENDUM NO. ______

SECTION NUMBER: ______

WRITER:

FAX NO. ___________________ PHONE NO. ___________________

EMAIL: _____________________

COMPANY:

DATE: ____________________________

QUESTIONS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
ATTACHMENT 3: REFERENCE FORMAT

Arizona State University requires a minimum of THREE (3) references and or a maximum of five (5) (most recently) completed projects, which are similar in magnitude, complexity, and dollar value.

1. Company Name:  
   Address:  
   Phone Number:  
   Facsimile Number:  
   Person to Contact:  
   (Email Address)  
   Bid # or Project # and Date of Completion  
   Brief Project Description:  
   (Including Partnering Team)

2. Company Name:  
   Address:  
   Phone Number:  
   Facsimile Number:  
   Person to Contact:  
   (Email Address)  
   Bid # or Project # and Date of Completion  
   Brief Project Description:  
   (Including Partnering Team)
REFERENCE FORMAT (continued)

3. Company Name: __________________________________________________________
   Address: __________________________________________________________________
   Phone Number: __________________________________________________________________
   Facsimile Number: __________________________________________________________________
   Person to Contact: __________________________________________________________________
   Bid # or Project # and Date of Completion __________________________________________________________________
   Brief Project Description: __________________________________________________________________
   (Including Partnering Team) __________________________________________________________________

4. Company Name: __________________________________________________________
   Address: __________________________________________________________________
   Phone Number: __________________________________________________________________
   Facsimile Number: __________________________________________________________________
   Person to Contact: __________________________________________________________________
   Bid # or Project # and Date of Completion __________________________________________________________________
   Brief Project Description: __________________________________________________________________
   (Including Partnering Team) __________________________________________________________________
REFERENCE FORMAT (continued)

5. Company Name:  
Address:  
Phone Number:  
Facsimile Number:  
Person to Contact:  
Bid # or Project # and Date of Completion  
Brief Project Description:  
(Including Partnering Team)
ATTACHMENT 4: PROPOSAL CERTIFICATION

(Date)

Purchasing and Business Services
Arizona State University
Tempe, AZ 85287-5212

The undersigned certifies that to the best of his/her knowledge: (check one)

☐ There is no officer or employee of Arizona State University (ASU) who has, or whose relative has, a substantial interest in any contract award subsequent to this proposal/bid.

☐ The names of any and all public officers or employees of Arizona State University who have, or whose relative has, a substantial interest in any contract award subsequent to this proposal/bid are identified by name as part of this submittal.

The undersigned further certifies that their firm (\checkmark one) ☐ IS or ☐ IS NOT currently debarred, suspended, or proposed for debarment by any federal entity. The undersigned agrees to notify ASU of any change in this status, should one occur, until such time as an award has been made under this procurement action.

The undersigned represents and warrants to ASU that the firm or individual has completed an internal manpower loading plan and the firm or individual has the personnel and resources to accept an award of the contract for Construction Manager at Risk services and to prosecute the design phase services for the Project and if a separate contract is entered into for the construction phase to also prosecute construction of the Project in accordance with the applicable contract documents should the firm or individual be awarded this contract.

In compliance with REQUEST FOR QUALIFICATIONS/ ASU PROJECT NO. DP(CM@RISK)-_________ DESIGN PROFESSIONAL and after carefully reviewing all the terms, conditions and requirements contained therein, the undersigned agrees to furnish such goods/services in accordance with the requirements of the Request for Qualifications.

Supplier Type : (Check all that apply)
Diversity firms can be either certified through the National Minority Supplier Development Council (NMSDC), Service Veterans Enterprises (includes Service Disabled and Veterans), Women Business Enterprise Council (WBEC), or Classified as they must be considered under Arizona or Federal Small business status, plus 51% ownership by the diversity owner.

Large Business ☐; Small Business (AZ) ☐; Small Business (Fed) ☐; Small Disadvantaged (SD) ☐; Women Owned ☐; Minority Owned ☐; Disabled Veteran Owned ☐; National Minority Supplier Development Council (NMSDC) ☐; Veteran Owned ☐

FORMS OF CONTRACT DOCUMENTS. The undersigned certifies that the undersigned has read Owner’s current forms of Construction Manager at Risk contract documents, which are available on the ASU Web-site under Construction Forms at:

http://cfo.asu.edu/purchasing-forms

NOTE: If you do not have access to the Internet, please contact the Buyer listed in the RFQ documents.

If selected as the Design Professional for this project, the undersigned agrees to execute this form of contract documents. The undersigned understands that any exceptions taken to the form of contract documents that are not accepted and/or approved by ASU may be a basis for rejection of the undersigned’s Proposal as non-responsive. The undersigned also understands that ASU may make
changes in the standard form of contract documents and that therefore the form of contract documents presented to the successful Proposer may be different from the form of contract documents referred to above, in which case the successful Proposer will be given the opportunity to review the changes.

(Firm) __________________________________________
(Signature of Authorized Agent required) ____________________________
(Print name) ____________________________________________________
(Title) _________________________________________________________
(Email) _________________________________________________________
(Address) ______________________________________________________
(Phone no.) ____________________________________________________
(Fax no.) ______________________________________________________
(Fed. tax id no.) _________________________________________________

The following section is to list the individual that you want us to contact for day-to-day matters, if different from above:

(Print Name) ____________________________________________________
(Title) _________________________________________________________
(Email) _________________________________________________________

If your firm has partnered with another firm, provide information on the firm below:

(Firm) _________________________________________________________
(Print name) __________________________________________________
(Title) _________________________________________________________
(Email) _________________________________________________________

(Address) ______________________________________________________
(Phone no.) ____________________________________________________
(Fax no.) ______________________________________________________

Proposal Certification Form – Signature Page
ATTACHMENT 5: ANTI-LOBBING CERTIFICATION

Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions
(Sept 2007)

____________________
(date)

Purchasing and Business Services
Arizona State University
PO Box 875212
Tempe, AZ 85287-5212

In accordance with the Federal Acquisition Regulation, 52.203-11:

(a) The definitions and prohibitions contained in the clause, at FAR 52.203-12, Limitation on Payments to Influence Certain Federal Transactions, included in this solicitation, are hereby incorporated by reference in paragraph (b) of this certification.

(b) The offeror, by signing its offer, hereby certifies to the best of his or her knowledge and belief that on or after December 23, 1989—

(1) No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with the awarding of this contract;

(2) If any funds other than Federal appropriated funds (including profit or fee received under a covered Federal transaction) have been paid, or will be paid, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with this solicitation, the offeror shall complete and submit, with its offer, OMB standard form LLL, Disclosure of Lobbying Activities, to the Contracting Officer; and

(3) He or she will include the language of this certification in all subcontract awards at any tier and require that all recipients of subcontract awards in excess of $100,000 shall certify and disclose accordingly.

(c) Submission of this certification and disclosure is a prerequisite for making or entering into this contract imposed by section 1352, Title 31, United States Code. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure form to be filed or amended by this provision, shall be subject to a civil penalty of not less than $10,000, and not more than $100,000, for each such failure.

________________________________ ________________________________
(Firm) (Address)
________________________________ ________________________________
(Signature Required) (Phone)
________________________________ ________________________________
(Print Name) (Fax)
________________________________ ________________________________
(Print Title) (Federal Taxpayer ID Number)

(Purchasing 01-31-2007) REV 04/06
ATTACHMENT 6: CONFLICT OF INTEREST CERTIFICATION

(date)

Purchasing and Business Services
Arizona State University
PO Box 875212
Tempe, AZ 85287-5212

The undersigned certifies that to the best of his/her knowledge:  (check only one)

(   ) There is no officer or employee of Arizona State University who has, or whose relative has, a substantial interest in any contract resulting from this request.

(   ) The names of any and all public officers or employees of Arizona State University who have, or whose relative has, a substantial interest in any contract resulting from this request, and the nature of the substantial interest, are included below or as an attachment to this certification.

________________________________  ________________________________
(Firm)       (Address)

________________________________  ________________________________
(Signature Required)     (Phone)

________________________________  ________________________________
(Print Name)      (Fax)

________________________________  ________________________________
(Print Title)      (Federal Taxpayer ID Number)

(Purchasing 01-31-2007. Previous editions are obsolete and cannot be used.)
ATTACHMENT 7: FEDERAL DEBARRED LIST CERTIFICATION

Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters (Dec 2001)

_____________________
(date)

Purchasing and Business Services
Arizona State University
PO Box 875212
Tempe, AZ 85287-5212

In accordance with the Federal Acquisition Regulation, 52.209-5:

(a) (1) The Offeror certifies, to the best of its knowledge and belief, that—

   (i) The Offeror and/or any of its Principals—

   (A)  (check one) Are (    ) or are not (    ) presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency; (The debarred list (List of Parties Excluded from Federal Procurement and Nonprocurement Programs) is at http://epls.arinet.gov on the Web.)

   (B)  (check one) Have (    ) or have not (    ), within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and

   (C)  (check one) Are (    ) or are not (    ) presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in paragraph (a)(1)(i)(B) of this provision.

   (ii) The Offeror (check one) has (    ) or has not (    ), within a three-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.

(2) "Principals," for the purposes of this certification, means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).

This Certification Concerns a Matter Within the Jurisdiction of an Agency of the United States and the Making of a False, Fictitious, or Fraudulent Certification May Render the Maker Subject to Prosecution Under Section 1001, Title 18, United States Code.

(b) The Offeror shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

(c) A certification that any of the items in paragraph (a) of this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the Offeror's responsibility. Failure of the Offeror to furnish a certification or provide such additional information as requested by the Contracting Officer may render the Offeror nonresponsible.
(d) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

(e) The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Offeror knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Contracting Officer may terminate the contract resulting from this solicitation for default.

____________________  ________________________________
(Firm)       (Address)

____________________  ________________________________
(Signature Required)       (Phone)

____________________  ________________________________
(Print Name)      (Fax)

____________________  ________________________________
(Print Title)      (Federal Taxpayer ID Number)

(Purchasing 01-31-2007)
ATTACHMENT 8: LEGAL WORKER CERTIFICATION

____________________
(date)

Purchasing and Business Services
Arizona State University
PO Box 875212
Tempe, AZ 85287-5212

As required by Arizona Revised Statutes §41-4401 the University is prohibited after September 30, 2008 from awarding a contract to any contractor who fails, or whose subcontractors fail, to comply with Arizona Revised Statutes § 23-214-A. The undersigned entity warrants that it complies fully with all federal immigration laws and regulations that relate to its employees, that it shall verify, through the employment verification pilot program as jointly administered by the U.S. Department of Homeland Security and the Social Security Administration or any of its successor programs, the employment eligibility of each employee hired after December 31, 2007, and that it shall require its subcontractors and sub-subcontractors to provide the same warranties to the below entity.

The undersigned acknowledges that a breach of this warranty by the below entity or by any subcontractor or sub-subcontractor under any Contract resulting from this solicitation shall be deemed a material breach of the Contract, and is grounds for penalties, including termination of the Contract, by the University. The University retains the right to inspect the records of the below entity, subcontractor and sub-subcontractor employee who performs work under the Contract, and to conduct random verification of the employment records of the below entity and any subcontractor and sub-subcontractor who works on the Contract, to ensure that the below entity and each subcontractor and sub-subcontractor is complying with the warranties set forth above.

____________________  ________________________________
(Firm)       (Address)

____________________  ________________________________
(Signature Required)     (Phone)

____________________  ________________________________
(Print Name)      (Fax)

____________________  ________________________________
(Print Title)      (Federal Taxpayer ID Number)

(Purchasing 09-23-2008.)
ATTACHMENT 9: VETERAN’S PREFERENCE CERTIFICATION

(Date)

Purchasing and Business Services
Arizona State University
PO Box 875212
Tempe, AZ 85287-5212

The undersigned certifies that the below entity has a Veteran’s Preference program per the following:

Contractor agrees to provide preference in initial employment for U.S. veterans by:
- Adding points to the raw score of a numerically scored screening instrument, or
- Hiring a veteran if, at the conclusion of the search process, a veteran is one of a number of comparably qualified candidates.

For purposes of this certification, “veteran” means: an honorably separated person (honorable or general discharge) who served on active duty (not active duty for training) in the Armed Forces:
- During any war declared by Congress;
- During the period April 28, 1952 through July 1, 1955;
- For more than 180 consecutive days, any part of which occurred after January 31, 1955, and before October 15, 1976;
- During the Gulf War period beginning August 2, 1990, and ending January 2, 1992; or
- For more than 180 consecutive days, any part of which occurred during the period beginning September 11, 2001, and ending on the date prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom; or
- In a campaign or expedition for which a campaign medal has been authorized, such as El Salvador, Lebanon, Granada, Panama, Southwest Asia, Somalia, and Haiti.

Medal holders and Gulf War veterans who originally enlisted after September 7, 1980, or entered on active duty on or after October 1, 1982, without having previously completed 24 months of continuous active duty, must have served continuously for 24 months or the full period called or ordered to active duty. Effective on October 1, 1980, military retirees at or above the rank of major or equivalent, are not entitled to preference unless they qualify as disabled veterans.

OR

NOTE: As an alternate to signing this certificate shown above, you can also meet the Veteran’s Certificate requirement by meeting Federal Hiring Guidelines as a Federal Contracted Provider. You self-certify that you meet the guidelines required Federally by checking the box below, signing below, and by attaching a copy of your stated hiring policy,

☐ Check Box for Self-Certification per Federal Hiring Guidelines

(Firm) ___________________________ (Address) ___________________________

(Signature Required) ___________________________ (Phone) ___________________________

(Print Name) ___________________________ (Fax) ___________________________

(Print Title) ___________________________ (Federal Taxpayer ID Number) ___________________________

(Purchasing 1-14-2014.)
ATTACHMENT 10: SUPPLIER SUSTAINABILITY QUESTIONNAIRE

The Supplier Sustainability Questionnaire is used to help ASU understand how sustainable a supplier is. Sustainability is an important goal for the university, and as such, we expect our suppliers to help us support this goal. There are two different questionnaires posted, one is for large companies while the other is for small businesses. A company is considered to be large when there are more than 100 full-time employees or over 4 million dollars in annual revenue generated.

Sustainability Questionnaire A – Small Businesses
Sustainability Questionnaire B – Large Businesses
SUPPLIER SUSTAINABILITY QUESTIONNAIRE – LARGE COMPANY

Firm Name: ___________________________       Date: ___________________________

The Supplier Sustainability Questionnaire must be completed and returned with your Proposal. This questionnaire is applicable to firms that provide services as well as those that provide goods.

Arizona State University’s vision is to be environmentally sustainable while expanding our education, research, and community support programs. The University seeks suppliers who share our sustainability vision. Accordingly, please answer the following questions.

To each question please provide at least one of the following types of responses:
• An explanation or description
• A URL of your policy or program

An electronic copy of your illustrative policies or programs must be provided if requested. If the question does not apply, answer with N/A and provide an explanation as to why.

Energy
1. What is your firm doing to be energy efficient?
2. What are your firm’s annual greenhouse gas emissions in metric tons of carbon dioxide equivalent? (Enter total metric tons of CO2 equivalency [includes the following GHGs: CO2, CH4, N2], SF6, HFCs and PFCs)
3. What plan is in place to reduce greenhouse gas emissions in the future?

Solid Waste
1. What is your firm doing to reduce waste to landfill?
2. What is your firm’s annual waste to landfill generated in metric tons? (Enter total metric tons)
3. What plan is in place to reduce waste to landfill generated in the future?

Water Waste
1. What is your firm doing to reduce water waste?
2. What is your firm’s annual water waste in gallons? (Enter total gallons)
3. What plan is in place to reduce water waste in the future?

Packaging
1. What is your firm’s plan to minimize packaging and/or describe your firm’s packaging “Take Back” program?
2. What kind of reusable, recyclable, and/or compostable packaging materials does your firm use?
3. What does your firm do to encourage/require your suppliers to minimize packaging and/or use reusable, recyclable, or compostable packaging materials?
Sustainability Practices
1. What programs does your firm have to encourage your employees to use alternative transportation while commuting to work and travelling locally?
2. What sustainability guidelines or environmental statement does your firm have to guide the firm as a whole?
3. What are your firm’s sustainable purchasing guidelines?
4. What kind of position(s) or team(s) does your firm have dedicated to overseeing sustainability initiatives?
5. List the sustainability related professional associations of which your firm is a member.
6. What kind of effort does your firm make to reduce the use of environmentally harmful materials?
7. Has an environmental life-cycle analysis of your firm’s products been conducted by a certified testing organization?
8. Does your firm use Green Seal/EcoLogo certified or biodegradable/eco-friendly cleaning products?
9. Has your firm been cited for non-compliance of an environmental or safety issue in the past ten years?
10. Name any third party certifications your firm has in regards to sustainable business practices?
11. Describe any other initiatives your firm has taken to integrate sustainability practices principles into your operations.

Community
1. What charity, community development, educational programs, or environmental programs is your firm involved in within your local community?
2. What educational programs does your firm have to develop employees?

If your firm is just beginning the sustainability journey, or is looking for tools and resources, here are some suggestions:

Energy
Greenhouse Gas Protocol provides tools to calculate emissions that are industry specific:
   ○ http://www.ghgprotocol.org/calculation-tools
Practice Green health provides basic information and tools for emissions as well:

Solid Waste
The EPA’s pre-built excel file to help measure and track your waste and recycling:
   ○ http://www.epa.gov/smm/wastewise/measure-progress.htm
Greenbiz’s comprehensive guide to reducing corporate waste:
Water Waste
BSR’s guide on how to establish your water usage:
  o http://www.bsr.org/reports/BSR_Water-Trends.pdf
EPA information about conserving water:
  o http://water.epa.gov/polwaste/nps/chap3.cfm

Packaging
Links to get you started on sustainable packaging:
  o http://www.epa.gov/oswer/international/factsheets/200610-packaging-directives.htm

Sustainability Practices
Ideas for alternative transportation programs:
  o http://www.ctaa.org/webmodules/webarticles/articlefiles/SuccessStoriesEmpTranspPrograms.pdf
The EPA environmentally preferable purchasing guidelines for suppliers:
  o http://www.epa.gov/epp/

EPA life cycle assessment information:
  o http://www.epa.gov/nrmrl/std/lca/lca.html
Green Seal green products & services:
Ecologo cleaning and janitorial products:
EPA information on sustainable landscape management:
  o http://www.epa.gov/epawaste/conserve/tools/greenscapes/index.htm
SUPPLIER SUSTAINABILITY QUESTIONNAIRE – SMALL COMPANY

Firm Name: ___________________________    Date: ___________________________

The Supplier Sustainability Questionnaire must be completed and returned with your Proposal. This questionnaire is applicable to firms that provide services as well as those that provide goods.

Arizona State University’s vision is to be environmentally sustainable while expanding our education, research, and community support programs. The University seeks suppliers who share our sustainability vision. Accordingly, please answer the following questions.

To each question please provide at least one of the following types of responses:
- An explanation or description
- A URL of your policy or program

An electronic copy of your illustrative policies or programs must be provided if requested. If the question does not apply, answer with N/A and provide an explanation as to why.

Energy
1. What is your firm doing to be energy efficient?
2. What plan is in place to reduce greenhouse gas emissions in the future?

Solid Waste
1. What is your firm doing to reduce waste to landfill?
2. What plan is in place to reduce waste to landfill generated in the future?

Water Waste
1. What is your firm doing to reduce water waste?
2. What plan is in place to reduce water waste in the future?

Packaging
1. What is your firm’s plan to minimize packaging and/or describe your firm’s packaging “Take Back” program?
2. What kind of reusable, recyclable, and/or compostable packaging materials does your firm use?
3. What does your firm do to encourage/require your suppliers to minimize packaging and/or use reusable, recyclable, or compostable packaging materials?

Sustainability Practices
1. What programs does your firm have to encourage your employees to use alternative transportation while commuting to work and travelling locally?
2. What sustainability guidelines or environmental statement does your firm have to guide the firm as a whole?
3. What are your firm’s sustainable purchasing guidelines?
4. What kind of position(s) or team(s) does your firm have dedicated to overseeing sustainability initiatives?
5. List the sustainability related professional associations of which your firm is a member.
6. What kind of effort does your firm make to reduce the use of environmentally harmful materials?
7. Does your firm use Green Seal/EcoLogo certified or biodegradable/eco-friendly cleaning products?
8. Has your firm been cited for non-compliance of an environmental or safety issue in the past ten years?
9. Name any third party certifications your firm has in regards to sustainable business practices?
10. Describe any other initiatives your firm has taken to integrate sustainability practices principles into your operations.

Community
1. What charity, community development, educational programs, or environmental programs is your firm involved in within your local community?
2. What educational programs does your firm have to develop employees?

If your firm is just beginning the sustainability journey, or is looking for tools and resources, here are some suggestions:

Energy
Greenhouse Gas Protocol provides tools to calculate emissions that are industry specific:
- http://www.ghgprotocol.org/calculation-tools
Practice Green health provides basic information and tools for emissions as well:

Solid Waste
The EPA’s pre-built excel file to help measure and track your waste and recycling:
- http://www.epa.gov/smm/wastewise/measure-progress.htm
Greenbiz’s comprehensive guide to reducing corporate waste:

Water Waste
BSR’s guide on how to establish your water usage:
EPA information about conserving water:
- http://water.epa.gov/polwaste/nps/chap3.cfm

Packaging
Links to get you started on sustainable packaging:
Sustainability Practices

Ideas for alternative transportation programs:

- [http://www.ctaa.org/webmodules/webarticles/articlefiles/SuccessStoriesEmpTransportationPrograms.pdf](http://www.ctaa.org/webmodules/webarticles/articlefiles/SuccessStoriesEmpTransportationPrograms.pdf)

The EPA environmentally preferable purchasing guidelines for suppliers:

- [http://www.epa.gov/epp/](http://www.epa.gov/epp/)

EPA life cycle assessment information:

- [http://www.epa.gov/nrmrl/std/lca/lca.html](http://www.epa.gov/nrmrl/std/lca/lca.html)

Green Seal green products & services:


Ecologo cleaning and janitorial products:


EPA information on sustainable landscape management:


All service providers are required to read and sign the ASU Service Provider Agreement prior to performing work that may involve disturbing of any surface materials on ASU property. Failure on the part of the service provider to comply with these requirements may result in termination of the contract with ASU.

Attachment 11: Service Provider Acknowledgement

Arizona State University is committed to protecting the health and welfare of students, faculty, staff, visitors, and to the environment. Accordingly, it is important that all members of the ASU community recognize and share this commitment and comply with the environmental, health and safety policies, rules, procedures and regulations governing ASU campus activities.

ASU is also looking to the community, including service providers, for cooperative and responsible leadership that will help the University implement a safer environment through safer practices and more sustainable solutions.

Towards this end, it is ASU’s expectation that all service providers have the responsibility for environmental, health, and safety issues created or otherwise arising from or related to their work under their contract with ASU.

The service provider shall ensure that its employees are properly identified (e.g. officially issued picture ID and/or badge) and have been instructed about the boundaries of their work areas. Service providers will comply with all applicable local, state, and federal rules and regulations, including those related to the Occupational Safety and Health Act of 1970.

For all service providers, ASU is providing a few general guidelines in this document concerning conducting work on ASU Job Sites.

SERVICE PROVIDER -- refers to any individual, company, or corporation who is hired by ASU or an ASU employee to provide construction, repair or maintenance related services on ASU property or facilities.

GENERAL SITE INFORMATION

Failure on the part of the service provider to comply with the following requirements may result in termination of the contract with ASU. Prior to working in areas where site-related hazards might be present, all service providers shall consult with the Project Manager for more information:

- Permission must be obtained from the Project Manager whenever it is necessary for personnel to go to the roof of any building.

- Lunch and break areas are to be coordinated through the Project Manager.

- Pedestrians should use walkways where provided. Shortcuts shall not be taken through operating areas.

- Explosives of any type are prohibited on the site with the exception of Powder Actuated Tools.
• Barricading of ASU streets (contacting ASU Police at 480-965-3456 is required prior to any barricades being set).

**PARKING -- Park in specified areas only.** The proper parking permit must be secured from ASU Parking and Transit Systems (PTS) and displayed appropriately in vehicles. Contact the Project Manager and/or at PTS at 480-965-9297. Do not block entrance ramps, trash docks, and truck doors, etc.

Web View of [Service Provider Job-Site Safety Information](#)

**DISCLOSURE OF ASBESTOS, LEAD AND/OR OTHER HAZARDOUS MATERIALS**

Arizona State University is informing all service providers of the potential presence of asbestos, lead and/or other hazardous materials at ASU. Depending on the location(s) of your work, there may be one or more of these materials present. It is your responsibility to discuss the full scope of your work with the CPMG Project Manager or designee so that you have the appropriate information related to asbestos, lead and/or other potentially hazardous materials. If the scope of your work changes, contact your CPMG Project Manager or designee before proceeding to determine if the change in scope may involve the potential disturbance of asbestos, lead and/or other hazardous materials.

Should there be changes to your scope of work affecting areas outside of your original contract area, or, if unforeseen or unidentified suspect materials be uncovered or discovered during your work, you are required to stop all work which would impact those materials until they can be evaluated and tested by ASU. Immediately upon discovery of any unidentified or unforeseen building material, you must notify the CPMG Project Manager to arrange for ASU to evaluate and test the materials.

Prior to your work taking place, inspections for asbestos, lead and other potentially hazardous materials must be (or have been) conducted by ASU, and identified materials (containing asbestos, lead or other hazardous materials) that would be disturbed by your current scope of work will be (or have been) removed or isolated in such a manner as to prevent potential exposure. Please contact ASU CPMG Asbestos Program Manager at 480-965-7739 to determine if, based on your current scope of work, there any remaining materials which are or may be present in adjacent location(s), but should not be disturbed.

Your signature on this document acknowledges you received this disclosure and that you had the opportunity to review your scope of work with the CPMG Project Manager or designee.

The [Service Provider Job-Site Safety Information](#) Orientation document is meant to serve as a guide for the contractor/vendor, any and all of its supervisors, and any and all of its subcontractors during their performance within the scope of work under their contract with ASU. Although the document sets forth certain guidelines and rules of operations on ASU sites, it is not intended to address every potential safety and health issue that may arise during the scope of the contracted work. **IT DOES NOT COVER EVERY POSSIBLE SITUATION.**

While ASU retains the right to periodically review the work of any service provider, its supervisors, or its subcontractors, ASU does not assume responsibility for any issues identified outside of contract compliance.

Accordingly, ASU expects each service provider to supplement the provisions contained in the
Service Provider Job-Site Information & Guideline document with proper instructions and work practices that, based on knowledge and experience, will help decrease the likelihood of injury to service provider employees, subcontractors’ employees, and to others, as well and prevent damage to property and material on ASU sites.

[Service Provider Name]

[Street Address]

[City, State Zip]

The above service provider certifies that they, any and all of its subcontractor’s, or its supervisors, prior to commencing any work on an ASU site, have reviewed and understand the contents of the Service Provider Job-Site Information & Guidelines document and/or have attended the Service Provider Job-Site Information & Guidelines orientation program produced by ASU Department of Environmental Health and Safety. By having their representative sign and date this document prior to commencing any work, the service provider accepts, and agrees to the provisions of these Acknowledgement Clauses. The service provider is required to provide the original of this signed document to EHS and a copy to CPMG.

[Name]

[Title]

Employer Representative Signature           Date

<table>
<thead>
<tr>
<th>Taxpayer Identification Number (TIN)</th>
<th>Employer ID Number (EIN)</th>
<th>Social Security Number (SSN)</th>
</tr>
</thead>
</table>

**LEGAL NAME:**
(must match TIN above)

Are you doing business in Arizona for purposes of sales/use tax collection and remittance?  

| Yes | No |

If “Yes” please provide Arizona License # and sales/use tax rate charged % DUNS#

**LEGAL MAILING ADDRESS:**
(Where tax information and general correspondence is to be sent)

<table>
<thead>
<tr>
<th>DBA/Branch/Location:</th>
<th>ADDRESS:</th>
<th>ADDRESS LINE 2:</th>
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</thead>
<tbody>
<tr>
<td>CITY:</td>
<td>ST:</td>
<td>ZIP:</td>
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</table>

**REMIT TO ADDRESS:**

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<th>Same as Legal Mailing Address</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>DBA/Branch/Location:</th>
<th>ADDRESS:</th>
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<tbody>
<tr>
<td>CITY:</td>
<td>ST:</td>
<td>ZIP:</td>
</tr>
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</table>

**ENTITY TYPE**

<table>
<thead>
<tr>
<th>Individual (not a business)</th>
<th>Sole proprietor (individually owned business) or sole proprietor organized as LLC or PLLC</th>
<th>Corporation (NOT providing health care, medical or legal services)</th>
<th>Corporation (providing health care, medical or legal services)</th>
<th>Partnership, LLP or partnership organized as LLC or PLLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>The US or any of its political subdivisions or instrumentalities</td>
<td>A state, a possession of the US, or any of their political subdivisions or instrumentalities</td>
<td>Tax-exempt organizations under IRC §501</td>
<td>An international organization or any of its agencies or instrumentalities</td>
<td>State of Arizona Employee</td>
</tr>
</tbody>
</table>

**CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me),
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me I am no longer subject to backup withholding,
3. I am a U.S. person (including a resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature of U.S. Individual  

Date:

**NOTE:**  
IF BOTH PAGES OF THIS FORM ARE NOT COMPLETED THE FORM WILL BE RETURNED TO YOU. Arizona State University (ASU) is fulfilling a mandate associated with state agencies increasing procurements from Arizona Small and Diverse Businesses.
<table>
<thead>
<tr>
<th>RETURN TO ASU</th>
<th>ARIZONA STATE UNIVERSITY</th>
<th>DO NOT SEND TO IRS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUBSTITUTE W-9 &amp; VENDOR AUTHORIZATION FORM</td>
<td></td>
</tr>
</tbody>
</table>

| ▶ Legal Name: | TIN: |

**SECTION 1 - FEDERAL INFORMATION - REQUIRED**

What is the Federal classification type of your business? - See definitions on link below.  
(S.B.A. Small Business definition FAR 19.001 and size standards FAR 19.102)  
[http://www.sba.gov/size](http://www.sba.gov/size)

| LARGE Business? | YES | NO |
| SMALL Business? | YES | NO |

Please check all that apply to your business for Federal Supplier Type:

- Service Disabled Veteran Owned (VD)
- Small Disadvantaged (SD)
- Women Owned (WO)
- Veteran Owned (VO)
- Minority Institution (MI)
- HUB Zone (HZ)

**SECTION 2 - STATE OF ARIZONA SMALL BUSINESS INFORMATION - REQUIRED**

Are you self-certified according to this State of Arizona definition?  
“100 full-time employees or less OR $4 million in volume or less in the last fiscal year”  

Yes □ No □

Per FAR 52.219-1 and under 15 U.S.C. 645(d), any person who misrepresents a firm’s status as a small, HUB Zone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall be punished by imposition of fine, imprisonment, or both; be subject to administrative remedies, including suspension and debarment; and be ineligible for participation in programs conducted under the authority of the Act.

Print Name:  
Signature:

PHONE:  
FAX:

VENDOR – LIST PRODUCT or SERVICE PROVIDED

IF BUYER NAME IS LISTED PLEASE RETURN TO BUYER

| Buyer: | Phone: | Fax: |

**NOTE:** IF BOTH PAGES OF THIS FORM ARE NOT COMPLETED THE FORM WILL BE RETURNED TO YOU. Arizona State University (ASU) is fulfilling a mandate associated with state agencies increasing procurements from Arizona Small and Diverse Businesses.
ATTACHMENT 14 SMALL BUSINESS DIVERSITY FORM

To Individuals, Organizations, or Businesses:
Arizona State University's procurement accounting system identifies payees by their Social Security Number (SSN) or their Federal Identification Number (FEIN). Anyone doing business with Arizona State University (ASU) must complete the business forms following this letter. Additional information is required to develop reports for State and Federal governmental agencies. The following definitions apply when answering questions about the ownership and size of your organization.

- **Minority:** Socially and economically disadvantaged individuals including Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans and handicapped individuals. (PL-95-507) (Firm must meet either Arizona Small Business Definition or the Federal Small Business Definition. Business must be 1% minority owned, whose management and daily operation are controlled by minority owner. Firms can be self-certified or certified by National Minority Supplier Development Council, Inc. (NMSDC) or its affiliates or governmental body.)

- **Women Owned Business:** A business that is at least 51% owned by a woman or women, and whose management and daily operations are controlled by a woman or women. (PL 95-507) Firms can be certified by: Womens’ Business Enterprise Council (WBEC) or its affiliates or can be self-certified.)

- **Service Disabled Veteran Owned:** Must have served, and was Disabled while in active duty in the United States of America (USA) Armed Forces. Veteran must have an “honorable discharge” designation. Must be 51% owned and managed by Serviced Disabled veterans (male or female or combination). Firm can be self-certified.

- **Veteran Owned:** Must have served in the United States of America (USA) Armed Forces and received a “Honorable Discharge” designation. Must be 51% owned and managed by Veteran (male or female or combination). Firms can be self-certified.

- **Small Business - AZ:** A business, including its affiliates, which is independently owned and operated, not dominant in its field and has fewer than 100 full time employees, or which had gross annual receipts of less than $4 million in its last fiscal year. (ARS 41-1001.8)

- **Small Business - Federal:** A business, including its affiliates, which is independently owned and operated, is not dominant in the field or operations in which it is quoting on purchases, and with its affiliates, does not exceed 500 full time employees and has annual revenues of less than $8,000,000. (PL 95-507), but dollar amount will vary in specialty fields,

Questions concerning the above information for Organization/Business Registration Form should be addressed to Arizona State University, Manager, Small Business & Diversity Programs, P.O. Box 875212, Tempe, AZ 85287-5212, or telephone (480)-965-6778 or facsimile (480)-965-2234.

________________________________  ________________________________
(Firm)       (Address)

________________________________  ________________________________
(Signature Required)       (Phone)

________________________________  ________________________________
(Print Name)      (Fax)

________________________________  ________________________________
(Print Title)      (Federal Taxpayer ID Number)

(Purchasing 12-3-12.)