Request for Proposals (RFP)
For Office365 Licenses and Related Services
PR23-5059

Exhibit A

Issued: March 20, 2023
Date Due: April 28, 2023
**EXHIBIT A**

**COST PROPOSAL CHECKLIST and CERTIFICATION AFFIDAVIT**

(Complete and Sign and Submit with Product Description, Pricing Information/Rate Schedules and Vendor Name & Contact to RFP@elcbroward.org)

<table>
<thead>
<tr>
<th>Feature/Service</th>
<th>Included? Y/N</th>
<th>Cost Per Unit for Up to 5 Years (Indicate Unit)</th>
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<tbody>
<tr>
<td>Backup for Microsoft Office 365 Quota</td>
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<tr>
<td>Office 365 E3 Nonprofit Staff Pricing</td>
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<tr>
<td>Office 365 E5 Nonprofit Staff Pricing</td>
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<tr>
<td>Azure Active Directory Premium P2</td>
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<td>Microsoft Intune Nonprofit</td>
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<td>Hosted fax service for five to six ported numbers</td>
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<td>Number porting services from existing vendor to new</td>
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<tr>
<td>Collaboration and Communication Tools: Teams, Outlook, and OneDrive for real-time collaboration and communication</td>
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<td>Mobile Accessibility: Accessible on mobile devices for remote work and collaboration</td>
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<td>Productivity Applications: Word, Excel, PowerPoint, and OneNote for document creation and sharing</td>
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<tr>
<td>Security and Compliance: Advanced threat protection, data loss prevention, and encryption to ensure data safety and integrity</td>
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<td>Terms to pay on billing account by check or ACH transfer (not by credit card)</td>
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<td>Business Intelligence: Advanced analytics tools such as Power BI to analyze data and gain insights</td>
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<tr>
<td>Customization and Integration: Highly customizable and can be integrated with other tools and applications</td>
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</table>
CERTIFICATION AFFIDAVIT

DIRECTIONS: BY ATTESTING TO THIS FORM, THE VENDOR AGREES TO COMPLY WITH ALL SECTIONS

1. FLORIDA STATE TERM VENDOR CONTRACT STATUS

Vendor certifies that the Vendor is an active Florida State Term Contract Vendor for the services and/or commodities requested in this RFP with an active contract and that the active contract number is provided below. A “Florida State Term Contract Vendor” is a vendor who has an executed agreement with the State of Florida, is available to deliver services for state agencies and is listed on the Department of Management Services website as a contracted state vendor. Florida State Term Contract Vendor will also have an assigned vendor number from the State of Florida and will have a copy of their master agreement with the State of Florida.

2. APPLICATION ACCURACY

Vendor certifies that all facts, figures, and representations made in the proposal are true and correct. The filing of this proposal has been authorized by the contracting entity and I have been duly authorized to act as the representative of the organization in connection with this proposal. I also agree to follow all Terms, Conditions, and applicable federal and state statutes.

3. PROHIBITION ON LOBBYING

Vendors are hereby advised, and agree to comply with the Early Learning Coalition of Broward County’s (“Coalition”) adopted prohibition on lobbying:

The Coalition shall not award funding to an organization, person or entity which has hired a person, whether directly or indirectly, who receives payment or economic consideration for the purpose of lobbying. Additionally, the Coalition shall not award funding to an organization, person, or entity which has consented to or acquiesced in the employment of a person whose principal responsibilities are to lobby a member of the Coalition on behalf of the organization, person, or entity which seeks funding from the Coalition. Subject to the foregoing, an officer, director, official, principal, or bona fide employee of an organization, person, or entity seeking funding may engage in lobbying without payment of any compensation or reimbursement of expenses for such lobbying, whether directly or indirectly.

No monies granted by the Coalition shall be used by a provider agency to hire a lobbyist or to supplant any funds which would allow for the funding of a lobbyist.

Any Vendor or lobbyist, paid or unpaid, for an Vendor is prohibited from having any private communication concerning any procurement process or any response to a procurement process with any Coalition Board Member or the CEO after the issuance of a funding opportunity and until completion of contract award. A proposal from any organization will be disqualified when the Vendor of a lobbyist, paid or unpaid, for the Vendor violates this condition of the procurement process.

4. CONFLICT OF INTEREST

Vendors are hereby advised, and agree to comply with the Coalition’s adopted conflict of interest regulations:
All Vendors must disclose the name of any officer, director or agency who is also an employee of the Coalition. All Vendors must disclose the name of any Coalition employee who owns, directly or indirectly, any interest in the Vendors’ business or any of its branches. Such disclosure must be submitted as a cover letter included with the Application for Funding, addressed to the Coalition Chair, no later than the proposal deadline.

5. AGENCY CERTIFICATION

I, the undersigned Vendor, hereby attest that the following policies, procedures, regulations, and documentation are in effect:

   a. Affirmative Action Policy
   b. Certified Minority Business Enterprise (if applicable)
   c. Small Disadvantaged Business Enterprise Policy (if applicable)
   d. Americans with Disabilities Act Policy
   e. Drug Free Workplace Policy

5. PUBLIC ENTITY CRIME AFFIDAVIT

a. I understand that a “public entity crime as defined in Paragraph 287.133(1)(g), Florida Statutes means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

b. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

c. I understand that an “affiliate” as defined in Paragraph 287.133(a)(a), Florida Statutes means:
   • A predecessor or successor of a person convicted of a public entity crime; or
   • An entity under the control of any natural person who is active in the management of the entity and who has been convicted of public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of affiliate.
   • The ownership by one person of shares constituting a controlling interest in another person or pooling of equipment of income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

d. I understand that a “person” as defined in Paragraph 287.1330) (e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bids on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to
transact business with a public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

e. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies).

f. Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

g. The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)

h. There has been proceeding concerning the conviction before a hearing officer of the state of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order).

i. The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order).

j. The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services).

VENDOR NAME AND ADDRESS:

___________________________________
___________________________________
___________________________________

NOTE: AS EVIDENCED BY MY SIGNATURE BELOW, I UNDERSTAND AND WILL COMPLY WITH ALL TERMS AND CONDITIONS STATED HEREIN:

___________________________________
Type Authorized Official’s Name

___________________________________
Authorized Official’s Title

___________________________________
Authorized Official’s Signature

__________________
Date

FEDERAL EMPLOYER IDENTIFICATION NUMBER ________________________