APPENDIX II: TECHNICAL RESPONSE
DCF ITB 2526 002
FSH ELEVATOR MAINTENANCE AND REPAIR

1. DISCLOSURES

1.1. RELATED PARTIES

Complete the following table for all affiliates (§287.133(1)(a), Florida Statutes (F.S.)), related parties (§409.987(7)(a)3., F.S.), entities, partnerships, or associations.

☐ **Select the checkbox if related parties, as described above, do not exist.**

RELATED PARTY	
Name	
Relation to Respondent	☐ Affiliate ☐ Related Party ☐ Entity ☐ Partnership ☐ Association
Address	
City, State, Zip	
Phone Number	

Duplicate table as necessary for additional related parties.

1.2. CONFLICT OF INTEREST

Complete the following table to disclose the name of any officer, director, employee or other agent who is also an employee of the State. Respondents shall also disclose the name of any State employee who owns, directly or indirectly, an interest of five percent or more in the Respondent or its affiliates, related companies, partnerships, or associations.

☐ **Select the checkbox if conflicts of interest, as described above, do not exist.**

EMPLOYEE OF BOTH RESPONDENT AND STATE OF FLORIDA	
Name	
Title with Responding Organization	☐ Officer ☐ Director ☐ Employee ☐ Other Agent
State Agency	
Does this employee have an interest of five percent or more in Respondent or its affiliates, related companies, partnerships, or associations?	☐ Yes ☐ No

Duplicate table as necessary for additional conflicts of interest.

1.3. LIST OF TERMINATED CONTRACTS

Complete the following table for any State or Federal government Contract terminated for cause or terminated by the Respondent prior to Contract end within the last five years; provide the terminated Contracts in chronological order. The Department may use information provided on this list or other information about terminated contracts in its assessment of a Respondent's responsibility.

☐ **Select the checkbox if terminated contracts do not exist.**

TERMINATED CONTRACT	
Respondent Name:	

Client's Name:	
Term of Terminated Contract:	
Description of Services:	
Termination Party and Brief Summary of Termination Reason(s):	

Duplicate table as necessary for additional terminated contracts.

2. QUALIFICATIONS

2.1. CAPABILITY TO PERFORM THE WORK

2.1.1. Provide a description of the Respondent's organization, including number of years in business, subsidiaries, and details concerning the number of available locations, if applicable.

2.1.2. Provide the number of years of experience providing similar services.

2.1.3. Provide information for three entities that the Respondent has provided services of a similar size and nature of those requested in this Solicitation.

1	
2	
3	

2.1.4. Provide a statement on the Respondent's and subcontractor(s)' ability to successfully complete the work described in this Solicitation and its appendices, attachments, exhibits and referenced supporting documentation. The Respondent's and any proposed subcontractor(s)' information shall be shown separately.

Respondent:

Subcontractor (if applicable):

2.2. PROPOSED SUBCONTRACTOR LIST

Complete the following table for any proposed subcontractors to perform work under the Contract(s) resulting from this Solicitation.

☐ **Select the checkbox if subcontractors will not be utilized.**

PROPOSED SUBCONTRACTOR	
Subcontractor Name	
Subcontracted Services	
Address	
City, State, Zip	
Phone Number	
FEIN	

Duplicate table as necessary for additional subcontractors.