

DIGITAL SIGNAGE AND CONTENT MANAGEMENT SOFTWARE

DUE April 29, 2021

PROVIDED BY

Alpine Systems Inc
1029 Dean Hill Rd, Killington, Vermont 05751



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Technical Proposal

Alpine Systems is planning on providing a complete professional display system for you. We have available the finest LCD display products whether wall mounted or stand-alone design. We will provide the software solution through our own programmers, we have provided this type of programming before at many sites. We have operated our systems using cellular modems before very successfully.

We will be providing 1 double faced kiosk for the Rosa Park Station. It will be a 55" double faced unit. The specs on this unit are provided in this proposal. It will have a 4G LTE Cell modem within it. It will be the Pepwave MAX unit. The unit shall also have Minix video controller within.

We will provide 2 - 55" single face wall mount displays for Butler RTS station. The specs for these unit are provided also, They also will have the Pepwave modems and the Minix computers inside.

Both units will have the ability to announce ADA messages to the public as desired. The resolution will be 1920 x 1080

Cloud based server.

We will provide a cloud based server with custom software to accept the Clever Devices data. It will process the data and prepare real time information for each display screen based upon the data. This system will also have the ability to include an emergency option that can display local weather alerts as desired. The system will also allow the operators to send local branding options as needed. The software will allow the operators to add content as desired, and also to make the messages local or group displayed. The software will allow the sending of information, images and photos as desired.

The software will output to all screens as designed and allow complete control. The software will manage and diagnose the monitor status remotely as needed.

Alpine will provide complete training of all hardware provided and all functionality of the software. We will provide a complete training program for all operators, administrators and maintenance staff. This will include installation of software, operation of software, backup and retrieve functions and all other tasks.

Product guarantee and Warranty

Alpine will warranty all hardware provided for a period of 3 years. We will further provide complete service for the system – both hardware and software as needed on site for the period of 1 year as requested.

SPECS FOR KIOSKS – DOUBLE FACED 55” portrait

| | |
|-----------------------------|---------------------------------|
| Size | 2 – 55” panels |
| Aspect Ratio | 9 :16 |
| Resolution | 1080 x 1920 |
| Brightness | 2500 nits |
| Contrast Ratio | 3000 : 1 |
| Viewing Angle | 176 degrees |
| Video Interface | HDMI |
| Brightness Control | OPTICAL SENSOR |
| Cooling Method | Air Conditioner |
| Working Temperature | -40 C TO +55 C |
| Working Humidity | 5% to 100% |
| Power Source | ACV – 108 - 115 |
| Maximum Power | 2300 WATTS MAX (AC), 830 NORMAL |
| Waterproof Enclosure | OP65 |
| Glass | 6MM AR GLASS |
| Installation Type | ½ “ ANCHORS |
| Computer / video controller | WIN 10), Quad core, 32GB SSD |
| Data input | Ethernet, via cellular modem |
| Weight | 550 LBS |
| Color | BLACK |
| Dimensions | 87” Tall X 35” Wide X 12” Thick |

SPECS FOR Wall Mount version – single FACED 55”

| | |
|----------------------|-----------------------------------|
| Size | 1 – 55” panels |
| Aspect Ratio | 9 :16 Landscape |
| Resolution | 1080 x 1920 |
| Brightness | 2500 nits |
| Contrast Ratio | 3000 : 1 |
| Viewing Angle | 176 degrees |
| Video Interface | HDMI |
| Brightness Control | OPTICAL SENSOR |
| Cooling Method | FAN |
| Working Temperature | -40 C TO +55 C |
| Working Humidity | 5% to 100% |
| Power Source | ACV – 108 - 115 |
| Maximum Power | 1300 WATTS MAX (AC), 430 NORMAL |
| Waterproof Enclosure | OP65 |
| Glass | 6MM AR GLASS |
| Installation Type | ½ “ ANCHORS |
| Data input | ETHERNET – cellular modem |
| Weight | 93 LBS |
| Color | BLACK |
| Dimensions | 28” wide X 49.5” tall X 10” Thick |



El Metro Departures Salidas

| DESTINATION | DEPARTING TO | TIME/NEXT | LANE | REMARKS |
|---------------------------------|---|-----------|-------|-----------|
| 1 Santa Maria | Santa Maria - Mall Del Norte - Target | 1:40P | 2:00P | 1 ON TIME |
| 2B San Bernardo/Cotton | Hillside Rd - Main Public Library - Calton | 1:50P | 2:20P | 1 ON TIME |
| 3A San Bernardo/Social Security | Mall Del Norte - Social Security Office | 2:10P | 2:40P | 1 ON TIME |
| 4 Convent | Laredo Medical Center - Doctor's Hospital | 2:30P | 3:30P | 2 ON TIME |
| 5 Springfield | Springfield - Retama - Target | 2:12P | 2:50P | 1 ON TIME |
| 6 Tilden | Tilden-Gateway Community Center-Public Library | 2:16P | 3:20P | 1 ON TIME |
| 7 Cedar | Cedar-Laredo Health Dept-Old Casa Blanca Clinic | 2:40P | 3:50P | 1 ON TIME |
| 8 LCC | LCC Fort Mac - San Francisco Javier - Pinder | 2:15P | 3:10P | 3 ON TIME |
| 9A Guadalupe/Lane | Corpus Christi - LMC - Texas Workforce | 2:00P | 3:10P | 2 ON TIME |
| 9B Guadalupe/Villa del Sol | Tilden - Cheyenne - City Hall Annex | 3:00P | 4:30P | 1 ON TIME |
| 10 Market | Market-New York/Lomas del Sur | 2:00P | 2:40P | 2 ON TIME |
| 11 Corpus Christi | Corpus Christi - S. Meadow - Zatecas | 2:00P | 2:30P | 3 ON TIME |
| 12 Gustavus/LEA | Gustavus - LEA - Laredo International Airport | 2:05P | 3:30P | 3 ON TIME |
| 12B Shiloh Express | Target - UHS - Shiloh | 1:40P | 3:00P | 3 ON TIME |
| 13A Del Mar Express | Mall Del Norte - Del Mar - International | 1:45P | 3:00P | 2 ON TIME |
| 13 Heritage Park | Gustavus - Clark - Heritage Park | 2:50P | 4:10P | 3 ON TIME |
| 14 Santa Rita | LCC South Campus - Santa Rita | 2:30P | 4:00P | 2 ON TIME |
| 15 Main/Riverside | Main - Riverside/Cotton | 2:05P | 3:20P | 3 ON TIME |
| 16 TAMIU | Del Mar - Texas A & M University | 2:30P | 3:50P | 3 ON TIME |
| 17 Mines Road | Mall del Norte - Rancho Viejo | 1:40P | 2:40P | 1 ON TIME |
| 18 Santo Nino | Los Presidentes - Concord Hills - Large Vista | 1:55P | 3:15P | 3 ON TIME |
| 20 Los Angeles | Zapata Highway - Los Angeles | 2:05P | 3:30P | 2 ON TIME |

NEW BUS FARES effective October 23, 2017. Please visit our Customer Service Office for more info.

Tuesday, April 24, 2018 1:37 PM

ALPINE SYSTEMS

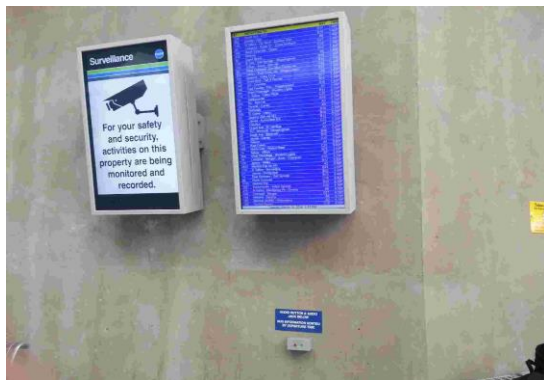
Farragut
6795.2280
metrotransit.com
HOURS OF OPERATION
Monday - Sunday
7 am - 8 pm

Alpine Systems has been providing public display solutions to the transit industry since 1996, our list of clients is long: NJ Transit, Metro North, MTA – NYC, CCTA – Vermont, CNY – Syracuse, Corpus Christi Transit, Brocton Transit, Cincinnati Transit,

Most of those installations involved us providing Indoor or outdoor LCD monitors, or LED display units. We have always provided the software to control these units. We either are given a data feed that we develop into a scheduled display solution, or use their GTFS data to build it ourselves. We are completely capable of doing the complete project hardware and software wise with our staff. We normally reach out and use local professional electrical companies to assist with the electrical and installation details. We will meet all license and code requirements with the hiring of the electrical contractor.

We have provided these types of display products at many locations:

CNYRTA



Lowell

NYC Botanical



Glassboro



We are well equipped to provide these types of displays for you, and we will perform the software work internally. #210009B

We have been providing transit display systems for over 25 years

6 References

Alpine has performed excellent services and systems for over 25 years. We recommend you contact our customers , who will verify we fairly price our work and support.

AVL and transit center displays

Laredo Transit District
Laredo, TX
Contact: Eduardo Bernal
Facilities planner– 956-795-2288

Corpus Christi Transit
Corpus Christi, TX
Contact: Dave Chapa
Manager IT dept – 361-289-2712

Central New York Regional Transit Authority
Syracuse, NY
Contract – Bob Boni – 315-529-8797

Lowell Transit agency
Lowell, MA
Contact – George Anastas –
Asst general manager 978-452-6161 x 204

Green Mountain Transit
Burlington, VT
Jon Moore
Interm General manager – 802- 540- 2527

Fayetteville Area Corodinated Transit
Uniontown, PA
Contact: Lori Groover-Smith
Director – 724-628-7433

Personnel Qualifications

The following personnel will be involved with the provision and set up of your project

George A Cone Vice President and director

Over twenty year's experience designing, planning systems design for airports and transportation facilities. He will be involved in the system layout, testing, training and project overview.

John Cody Senior Software Designer

Over twenty years software design and electronics design. He will supervise the set up and formatting of the software on this project. He will build the database and system layout.

Matt Berube Software Support Manager

BS Computer Software Worcester Polytechnic Institute. Over twelve years history with Alpine providing and assisting in the implementation of systems into the field.

Jamie Gravelin Systems Designer

Software developer and display integration specialist. Over twenty years in the display industry.

Robert Cone Project Manager

Robert has over 6 years history managing and completing projects for us.

We will add site personnel as the installation requires it

Price Proposal

| | | | |
|--|------------------------------|----------|----------------------|
| Cost of initial Installation – including electrical | | | \$12,800.00 |
| Cost of each software license for base system | | | \$6,950 total |
| Cost to renew software license | | | \$955 total |
| Yearly cost of support and maintenance (this includes on-site service when necessary) (this includes hosting charges) | Year 1 | | \$1,990.00 |
| | Year 2 | | \$2,690.00 |
| | Year 3 | | \$2,890.00 |
| | Year 4 | | \$2,990.00 |
| | Year 5 | | \$3,190.00 |
| Cost of monitor | \$9,395.00 each – x 2 | = | \$18,790.00 |
| Cost of Kiosk | \$12,948.00 | | \$12,948.00 |
| Cost of each PC | \$695.00 each x 3 = | | \$2,085.00 |
| Cost of each Modem | \$495.00 each x 3 = | | \$1,485.00 |
| Cost of training | \$2,900.00 | | \$2,900.00 |

- DBE utilization established for the Contract;
- Total value of expenditures with DBE firms for the quarter;
- The value of expenditures with each DBE firm for the quarter by race and gender;
- Total value of expenditures with DBE firms from inception of the Contract; and
- The value of expenditures with each DBE firm from the inception of the Contract by race and gender.

Reports and other correspondence must be submitted to the RTS DBE Coordinator with copies provided to the Procurement Division. Reports shall continue to be submitted quarterly until final payment is issued or until DBE participation is completed.

The successful Proposer shall permit:

- The City of Gainesville to have access to necessary records to examine information as the City of Gainesville deems appropriate for the purpose of investigating and determining compliance with this provision, including, but not limited to, records of expenditures, invoices, and contract between the successful Proposer and other DBE parties entered into during the life of the Contract.
- The authorized representative(s) of the City of Gainesville, the U.S. Department of Transportation, the Comptroller General of the United States, to inspect and audit all data and record of the Contractor relating to its performance under the Disadvantaged Business Enterprise Participation provision of this Contract.
- All data/record(s) pertaining to DBE shall be maintained as stated in 8.7 of the Contract document.

Sanctions for Violations

If at any time the City of Gainesville has reason to believe that the Contractor is in violation of its obligations under this Agreement or has otherwise failed to comply with terms of this Section, the City of Gainesville may, in addition to pursuing any other available legal remedy, commence proceedings, which may include but are not limited to, the following:

- Suspension of any payment or part due the Contractor until such time as the issues concerning the Contractor's compliance are resolved; and
- Termination or cancellation of the Contract, in whole or in part, unless the successful Contractor is able to demonstrate within a reasonable time that it is in compliance with the DBE terms stated herein.

DBE Utilization Form

The undersigned Proposer has satisfied the requirements of the solicitation in the following manner (please check the appropriate space):

☒ The Proposer is committed to a minimum of 1.5 % DBE utilization on this contract.

☐ The Proposer (if unable to meet the DBE goal of %) is committed to a minimum of _____ % DBE utilization on this contract and submits documentation demonstrating good faith efforts.

DBE Participation Schedule

The Proposer shall complete the following information for all DBE's participating in the contract that comprises the DBE Utilization percent stated in the DBE Utilization Form. The Proposer shall also furnish the name and telephone number of the appropriate contact person should the Authority have any questions in relation to the information furnished herein.

DBE Identification and Information Form

| Name and Address | Contact Name and Telephone Number | Participation Percent (Of Total Contract Value) | Description Of Work To Be Performed | Race and Gender of Firm |
|------------------|-----------------------------------|---|-------------------------------------|-------------------------|
| ART-PRODUCERS | 631-421-1500 | 1.5 | PRODUCE POWERS | WHITE - WOMAN |
| | | | | |
| | | | | |
| | | | | |

- G. ENERGY CONSERVATION
Refer to 42 U.S.C. 6321 et seq., and 49 C.F.R. part 622, subpart C.

Form

W-9(Rev. October 2018)
Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification**▶ Go to www.irs.gov/FormW9 for instructions and the latest information.**Give Form to the
requester. Do not
send to the IRS.**Print or type.
See Specific Instructions on page 3.**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Alpine Systems Inc

2 Business name/disregarded entity name, if different from above**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.☐ Other (see instructions) ▶**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1029 Dean Hill Rd, Bldg 100

Requester's name and address (optional)

6 City, state, and ZIP code

Killington, Vermont 05751

7 List account number(s) here (optional)**Part I Taxpayer Identification Number (TIN)**Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.**Social security number**

| | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|
| | | | - | | | - | | | | |
|--|--|--|---|--|--|---|--|--|--|--|

or

Employer identification number

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 3 | - | 0 | 3 | 5 | 2 | 6 | 2 | 4 |
|---|---|---|---|---|---|---|---|---|---|

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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 that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.**Sign
Here**Signature of
U.S. person ▶

Date ▶

4/20/21

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

PART 10 – EXHIBITS

The following documents/forms are included in this section:

- Drug-Free Workplace Form
- Bidder Verification Form
- Reference Form
- Certification Regarding Lobbying
- Disclosure of Lobbying Activities (with instructions)
- Contractor Responsibility Certification
- Subcontractor/Subconsultant List and Bidder Status
- Davis Bacon Wage Determination for Florida
- Butler Plaza and Rosa Parks Transfer Station Install Location Pictures

DRUG-FREE WORKPLACE FORM

The undersigned bidder in accordance with Florida Statute 287.087 hereby certifies that

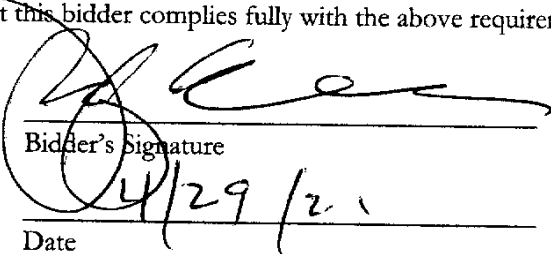
ALPINE SYSTEMS

(Name of Bidder)

does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for the drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this bidder complies fully with the above requirements.


Bidder's Signature

4/29/21
Date

In the event of a tie bid, bidders with a Drug Free Workplace Program will be given preference. To be considered for the preference, this document must be completed and uploaded to DemandStar.com with your Submittal.

BIDDER VERIFICATION FORM**QUALIFIED SMALL BUSINESS AND/OR SERVICE DISABLED VETERAN BUSINESS STATUS** (Check one)

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Small Business? ☒ YES ☐ NO

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Service-Disabled Veteran Business? ☐ YES ☒ NO

REGISTERED TO DO BUSINESS IN THE STATE OF FLORIDA

Is Bidder registered with Florida Department of State's, Division of Corporations, to do business in the State of Florida?
☐ YES ☒ NO (refer to Part 1, 1.6, last paragraph)

If the answer is "YES", provide a copy of SunBiz registration or SunBiz Document Number (# _____)
 If the answer is "NO", please state reason why: not needed yet. We will
obtain when needed

DIVERSITY AND INCLUSION (Applies to solicitations above \$50,000)

Does your company have a policy on diversity and inclusion? ☒ YES ☐ NO

If yes, please attach a copy of the policy to your submittal.

Note: Possessing a diversity and inclusion policy will have no effect on the City's consideration of your submittal, but is simply being requested for information gathering purposes.

ALPINE SYSTEMS

Bidder's Name

GEORGE CONE

Printed Name/Title of Authorized Representative

[Signature]

Signature of Authorized Representative

4/29/21

Date

This page must be completed and uploaded to DemandStar.com with your Submittal.

REFERENCE FORM

Name of Bidder: ALPINE SYSTEMS

Provide information for three references of similar scope performed within the past three years. You may include photos or other pertinent information.

#1 Year(s) services provided (i.e. 1/2015 to 12/2018): _____

Company Name: CINCINNATI TRANSIT
 Address: 525 VINE ST. SUITE 500
 City, State Zip: CINCINNATI, OH 45202
 Contact Name: KYLE SHAMMOUT
 Phone Number: 513-632-7547 Fax Number: 513-632-7694
 Email Address (if available): KSHAMMOUT@GO-METRO.COM

#2 Year(s) services provided (i.e. 1/2015 to 12/2018): _____

Company Name: CENTRAL NEW YORK REGIONAL TRANSIT AUTHORITY
 Address: 200 CORTLAND AVE.
 City, State Zip: SYRACUSE, NY 13205
 Contact Name: ROBERT BONI
 Phone Number: 315-442-3329 Fax Number: _____
 Email Address (if available): RBONI@CENTRO.ORG

#3 Year(s) services provided (i.e. 1/2015 to 12/2018): _____

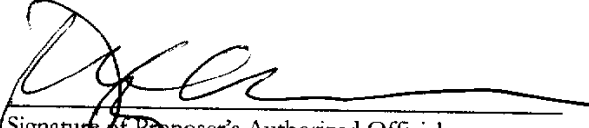
Company Name: LAREDO TRANSIT
 Address: 401 SCOTT ST
 City, State Zip: LAREDO, TX 78040
 Contact Name: EDUARDO BERNAL
 Phone Number: 956-795-2250 Fax Number: _____
 Email Address (if available): EBERNAL@CI, LAREDO, TX, US

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than 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 in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.


Signature of Proposer's Authorized Official

GEORGE A. CONNER
Name of Proposer's Authorized Official

VICE PRESIDENT
Title of Proposer's Authorized Official

4/21
Date

This page must be completed and uploaded to DemandStar.com with your Submittal.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

(Refer to instructions on the next page)

| | | | | | |
|---|--|--|--|---|--|
| 1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | | 2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | | 3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ quarter _____ date of last report _____ | |
| 4. Name and Address of Reporting Entity: Prime _____ Subawardee _____ Tier _____ if known : <i>None</i> Congressional District, if known: <i>4c</i> | | | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: <i>None</i> Congressional District, if known: | | |
| 6. Federal Department/Agency: <i>NOA</i> | | | 7. Federal Program Name/Description: CFDA Number, if applicable: | | |
| 8. Federal Action Number, if known : <i>None</i> | | | 9. Award Amount, if known : \$ <i>None</i> | | |
| 10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): <i>None</i> | | | b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): <i>NO</i> | | |
| 11 Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | | | Signature: _____ Print Name: <i>SCARLETT COLE</i> Title: <i>Vice President</i> Telephone No.: <i>802422-3008</i> Date: <i>11-2-</i> | | |
| Federal Use Only: | | | | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) |

This page must be completed and uploaded to DemandStar.com with submittal. If not applicable, write "Not Applicable" and provide signature next to it.

CONTRACTOR RESPONSIBILITY CERTIFICATION

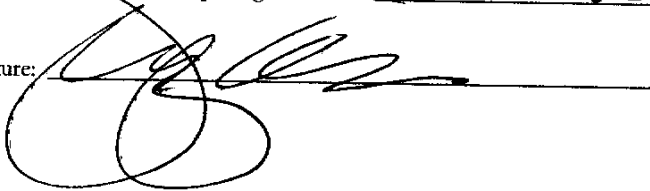
The proposer is required to certify compliance with the following contractor responsibility standards by checking appropriate boxes. For purposes hereof, all relevant time periods are calculated from the date this Certification is executed.

| | YES | NO |
|--|-------------------------------------|-------------------------------------|
| 1. Has the firm been suspended and/or debarred by any federal, state or local government agency or authority in the past three years? | | <input checked="" type="checkbox"/> |
| 2. Has any officer, director, or principal of the firm been convicted of a felony relating to your business industry? | | <input checked="" type="checkbox"/> |
| 3. Has the firm defaulted on any project in the past three (3) years? | | <input checked="" type="checkbox"/> |
| 4. Has the firm had any type of business, contracting or trade license revoked or suspended for cause by any government agency or authority in the past three (3) years? | | <input checked="" type="checkbox"/> |
| 5. Has the firm been found in violation of any other law relating to its business, including, but not limited to antitrust laws, licensing laws, tax laws, wage or hour laws, environmental or safety laws, by a final unappealed decision of a court or government agency in the past three (3) years, where the result of such adjudicated violation was a payment of a fine, damages or penalty in excess of \$1,000? | | <input checked="" type="checkbox"/> |
| 6. Has the firm been the subject of voluntary or involuntary bankruptcy proceedings at any time in the past three (3) years? | | <input checked="" type="checkbox"/> |
| 7. Has the firm successfully provided similar products or performed similar services in the past three (3) years with a satisfactory record of timely deliveries or on-time performance? | | <input checked="" type="checkbox"/> |
| 8. Does the firm currently possess all applicable business, contractor and/or trade licenses or other appropriate licenses or certifications required by applicable state or local laws to engage in the sale of products or services? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Does the firm have all the necessary experience, technical qualifications and resources, including but not limited to equipment, facilities, personnel and financial resources, to successfully provide the referenced product(s) or perform the referenced service(s), or will obtain same through the use of qualified, responsible subcontractors? | <input checked="" type="checkbox"/> | |
| 10. Does the firm meet all insurance requirements per applicable law or bid specifications including general liability insurance, workers' compensation insurance, and automobile liability insurance? | <input checked="" type="checkbox"/> | |
| 11. Firm acknowledges that it must provide appropriate documentation to support this Contractor Responsibility Certification if so requested by the City of Gainesville. The firm also understands that the City of Gainesville may request additional information or documents to evaluate the responsibility of firm. Firm agrees to provide such additional information or supporting documentation for this Certification. | <input checked="" type="checkbox"/> | |

Under the penalty of perjury, the Proposer's authorized representative hereby certifies that all information included in the Contractor Responsibility Certification or otherwise submitted for purposes of determining the Proposer's status as a responsible contractor is true, complete and accurate and that he/she has knowledge and authority to verify the information in this certification or otherwise submitted on behalf of the Proposer by his or her signature below.

Proposer Name: ALPINE SYSTEMS

Name/Title of person completing this form: GEORGE CONN

Signature: 

Date: 4/26/21

This page must be completed and uploaded to DemandStar.com with your Submittal.

SUBCONTRACTOR/SUBCONSULTANT LIST and BIDDER STATUS

The Proposer shall provide information on ALL prospective subcontractor(s)/subconsultant(s) who submit bids/quotations in support of this solicitation. Use additional sheets as necessary.

| IDENTIFY EVERY SUBCONTRACTOR(S)/ SUBCONSULTANT(S) | SCOPE OF WORK TO BE PERFORMED | CERTIFIED D/M/WBE FIRM? (Check all that apply) | PERVIOUS YEAR'S ANNUAL GROSS RECEIPTS | UTILIZING ON THIS PROJECT |
|---|---|--|--|---------------------------------|
| NAME: <u>ARCHER ELEC</u> ADDRESS: <u>4504 SW 27th Ave</u> <u>GAINESVILLE FL</u> PHONE: <u>352-371-2880</u> FAX: _____ CONTACT PERSON: <u>STEVE</u> | SCOPE OF WORK: <u>PROVIDE ELEC.</u> <u>SVCS</u> AGE OF FIRM: <u>30 yrs</u> | YES _____ NO: <u>X</u> IF YES, DBE _____ OR MBE _____ OR WBE _____ | Less than \$500K _____ <u>X</u> \$500K-\$2 mil \$2 mil - \$5 mil _____ more than \$5 mil. _____ | YES or NO |
| NAME: _____ ADDRESS: _____ PHONE: _____ FAX: _____ CONTACT PERSON: _____ | SCOPE OF WORK: _____ _____ _____ AGE OF FIRM: _____ | YES _____ NO _____ IF YES, DBE _____ OR MBE _____ OR WBE _____ | Less than \$500K _____ \$500K-\$2 mil _____ \$2 mil - \$5 mil _____ more than \$5 mil. _____ | YES or NO |
| NAME: _____ ADDRESS: _____ PHONE: _____ FAX: _____ CONTACT PERSON: _____ | SCOPE OF WORK: _____ _____ _____ AGE OF FIRM: _____ | YES _____ NO _____ IF YES, DBE _____ OR MBE _____ OR WBE _____ | Less than \$500K _____ \$500K-\$2 mil _____ \$2 mil - \$5 mil _____ more than \$5 mil. _____ | YES or NO |

Check here if use of subcontractor(s)/subconsultant(s) is/are not applicable for this project: ☐

Name of Proposer: ALPINE SYSTEMS

Name/Title of person completing this form: GEORGE COLE

Is Proposer a DBE? Yes ☐ No ☒

If No, is Proposer a M/WBE? Yes ☐ No ☒

Signature: [Signature]

Date: 4/26/21

This page must be completed and uploaded to DemandStar.com with your Submittal.

3. Find attached:

- Prohibition of lobbying in procurement matters
- Pre-Proposal Meeting Registration Report

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 1 by his or her signature below, **and shall attach a copy of this Addendum to its proposal.**

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 1 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER:

BY:

DATE:

ALPINE SYSTEMS
[Signature]
4/24/21

3. Find attached:

- Prohibition of lobbying in procurement matters

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 2 by his or her signature below, **and shall attach a copy of this Addendum to its proposal.**

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 2 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER:

ALPINE SYSTEMS

BY:

[Signature]

DATE:

4/27/21



State of Vermont
Finance & Administration Division
Office of Civil Rights & Labor Compliance
219 North Main Street
Barre, VT 05641-4129
<http://vtrans.vermont.gov/civil-rights>

Agency of Transportation

[phone] 802-279-1330
[fax] 802-479-5506
[ttd] 800-253-0191

March 15, 2021

Alpine Systems, Inc.
Kathleen A. Cone
1029 Dean Hill Road
Killington, VT 05751

Dear Ms. Cone:

The Office of Civil Rights and Labor Compliance of the Vermont Agency of Transportation (VTrans) is pleased to advise you that your firm continues to meet the eligibility criteria established by the U.S. Department of Transportation Disadvantaged Business Enterprise regulations, 49 CFR Part 26, and remains CERTIFIED as a Disadvantaged Business Enterprise (DBE) with VTrans.

Your firm's certification with VTrans will remain effective for as long as your firm continues to meet all DBE certification eligibility requirements and the ownership and control of the firm, upon which DBE certification was granted, has not changed. However, your firm's compliance with DBE certification eligibility criteria will be reviewed on an annual basis. Your firm's next annual submission will be due on November 30, 2021.

Your company will appear in the DBE directory of those firms eligible for federal-aid transportation projects. The directory can be viewed at: <http://vtrans.vermont.gov/civil-rights/doing-business/dbe-center>. Please notify our office if any of the information listed for your firm requires correction. We encourage all businesses to access the on-line resources that are available through this web site. Any certified DBEs needing business development assistance are also encouraged to contact our office to request the services of our DBE supportive services consultant.

Please be advised that in the event of change in ownership and/or control of your firm, or a change in your home-state certification status, you are required to notify our office within thirty (30) days of that change. If you decide to expand your services to include additional items of work, you are required to make a written request to our office at:

Vermont Agency of Transportation
Office of Civil Rights and Labor Compliance
219 North Main Street,
Barre, VT 05641-4129

We wish you success in contracting with VTrans as a certified DBE. Should you have any questions regarding any of the items mentioned in this letter, please feel free to contact me at (802) 279-1330.

Sincerely,

Sonya Boisvert

Sonya Boisvert
Civil Rights Program Manager

