Department of
MANAGEMENT
SERVICES

4050 Esplanade Way
Tallahassee, FL 32399-0950
850-488-2786

Ron DeSantis, Governor
Tom Berger, Secretary

FORM 05 – MANDATORY RESPONSIVE REQUIREMENTS

FOR

MyFloridaNetwork-3

ITN NO: 26/27-025

THE STATE OF FLORIDA

DEPARTMENT OF MANAGEMENT SERVICES

FORM 05 – MANDATORY RESPONSIVE REQUIREMENTS

By submitting this form, the Respondent acknowledges that the Department will rely on the representations made on this form in making its decision of award. If the Department discovers that any of the information on this form is false prior to the award of the Contract, the Department reserves the right to deem the Respondent non-responsive and cease any consideration of its response. If the Department discovers that any information on this form is false after the award to the Respondent is made, the Department reserves the right to terminate the Contract and hold the Respondent liable for costs associated with re-procurement.

Respondent must complete and sign the fields at the bottom of this Attachment to indicate acknowledgment and acceptance of each Responsive Requirement.

Responsive Requirements
The person submitting the Reply and its pricing certifies to being authorized by the Respondent to respond to this solicitation on the Respondent's behalf.
The Respondent certifies it is in compliance with all applicable disclosure requirements set forth in section 286.101, F.S., and has not been deemed ineligible for a grant or contract funded by a state agency pursuant to section 286.101(7), F.S.
The Respondent certifies that the Respondent is not on the Suspended Vendor List; it and its suppliers, subcontractors, or consultants to be utilized under the contract are not on the Convicted Vendor, Discriminatory Vendor, or Antitrust Violator Vendor Lists; if the contract is for the provision of commodities, the Respondent, and any entity under the control of Respondent, has not been placed on the Forced Vendor List within the past 365 days or, if placed on the Forced Vendor List, has been removed pursuant to section 287.1346(5)(d), F.S.; and there is no pending or threatened action, proceeding, or investigation, or any other legal or financial condition, that would in any way prohibit, restrain, or diminish the Respondent's ability to satisfy the contract obligations.
The Respondent certifies that the Respondent is in compliance with Section 9 of the PUR1001 form, as modified by the "Special Instructions" section of the RFP.
The Respondent certifies that the Respondent is not on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Terrorism Sectors List, or the Quarterly List of Scrutinized Companies that Boycott Israel, nor is it engaged in a boycott of Israel.
If the goods or services to be provided are $1 million or more, in accordance with the requirements of section 287.135, F.S., the Respondent certifies the Respondent is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Terrorism Sectors List (collectively, "Scrutinized List of Prohibited Companies"); does not have business operations in Cuba or Syria; and is not on the State Board of Administration's "Scrutinized List of Prohibited Companies" available under the quarterly reports section at https://www.sbafla.com/reporting/.
The Respondent certifies that if awarded a Contract, and prior to execution of a Contract, it shall provide to the Department a PDF file of its current and active registration with the Florida Department of State, Division of Corporations, or, if exempt from registration, a statement to that effect noting the basis for the exemption. If Respondent is an out-of-state corporation, it certifies it will provide to the Department a Florida Certificate of Authority from the Florida Department of State, Division of Corporations prior to Term Contract execution. Website: www.sunbiz.org.
The Respondent certifies that the Respondent is in compliance with section 448.095(5)(a), F.S., and that within the last year (i.e., within the last 365 days), it has not had a contract terminated under section 448.095(5)(c), F.S., by a public employer, as defined by section 448.095(1)(i), F.S.

Responsive Requirements
Respondent certifies it has provided services on an MPLS network with at least 1,000 sites for at least five (5) years.
The Respondent certifies it has provided to the Department pricing on the applicable Attachment K – Cost Reply Price Workbook in accordance with the instructions in Attachment E – Reply Format.
The Respondent certifies it has provided a Technical Reply in accordance with the instructions in Attachment F – Technical Reply Instructions.
The Respondent certifies that if awarded a Contract, and prior to execution of a Contract, it shall provide to the Department a completed Form 8, PUR 7801 Vendor Certification Form. A completed Form 8, PUR 7801 includes any required forms referenced therein.
The Respondent certifies it has provided to the Department a completed Form 12, PUR 1355, "Foreign Country of Concern Attestation Form," available at http://www.flrules.org/Gateway/reference.asp?No=Ref-15843.
The Respondent certifies it has provided a completed Form 9, PUR 2024, Provision of Commodities Produced by Forced Labor in accordance with sections 787.06(13), and 287.1346(4)(b), F.S.
The Respondent understands and acknowledges that (i) sites and services are not considered an exclusive award to the MFN-3 Services Provider nor does the MFN-3 Services Provider have an exclusive right to offer network services to SUNCOM customers; and (ii) there are no quantity commitments or revenue guarantees associated with any service provided through the awarded contract.

Signature below certifies that Respondent conforms with all Responsive Requirements listed above. Signature below further certifies acknowledgment of the Respondent's ongoing duty to provide updates to the Procurement Officer should a change in Respondent's circumstances render any of these certifications no longer true.

_____
Respondent (Vendor) Name

_____
Signature of Respondent's Authorized Representative

_____
Authorized Representative's Printed Name

_____
Date