

**ATTACHMENT E
VENDOR PROPOSAL FORM**

Failure to complete and provide this form with the proposal submission will result in rejection of your proposal. For any portions for which no response is necessary for your company, please mark the response as "N/A."

General Qualifications

Indicate the length of time you have been in business providing this type of good or service:

Years: _____ Months: _____

Provide Vendor's FIN or FEI Number and Vendor's Florida Business License Number.

Provide background information about Vendor including its size, number of employees, and annual volume of business.

Provide a list of all clients lost within the last three (3) years, including a contact name, title, telephone number, and e-mail address, if available. In addition, state the length of service at the account and reason for loss. If your company has not lost any such clients in the last three (3) years, indicate so by stating, "[Vendor] has not lost any clients."

Provide a statement that the Vendor's corporate office is registered with the Secretary of State to do business in the State of Florida or provide proof of having submitted an application to do business with the assurance that Vendor will be licensed prior to assuming the contract.

Read, expressly agree, and certify that Vendor has and will comply with all Terms and Conditions as set forth in the RFP.

Drug Testing Experience

a) Provide names, qualifications, and experience of personnel that will be assigned to DISC Village account to support the drug testing services as outlined in this RFP.

b) Indicate specific features that distinguish Vendor from other vendors in the field.

c) Indicate Vendor's experience providing drug testing services. DISC Village reserves the right to make site visits to customers of Vendor to evaluate implementation of services similar in nature to those required in this RFP.

d) Provide a minimum of three (3) references from current or former clients comparable in size to DISC Village. At least one of the clients must have a Donor population of ten thousand (10,000) at multiple facilities. For each reference, the following information must be included: Company Name and Address; Contact Name, Title, Phone Number, and E-mail; Dates of Service to Client; Number of Donor's Served; Number of Facilities Involved.

Cost

Vendors submitting proposals for providing drug testing services must utilize **Attachment B, Proposal Pricing Form**. Vendors must enter the price for each substance indicated. The information must be submitted in print as an attachment to the proposal and electronically on a disc.

Certification

I/we agree to furnish the services as set forth in this proposal and guarantee that the services provided meet or exceed all specifications, terms, conditions, and requirements herein. The undersigned offers and agrees to comply with all terms, conditions, and certifications as stated in this RFP and furnish the goods and services and prices in accordance with this signed proposal, or as mutually agreed upon by subsequent negotiation.

_____ Authorized Signature (ink)

_____ Authorized Name (typed)

_____ Title of Authorized Person

Sworn to and subscribed before me and given under my hand and official seal this the _____ day of _____.

NOTARY PUBLIC

My Commission Expires: _____