



FORM B Mandatory Proposer Qualifications

The following requirements are Mandatory for any Proposer who submits a Proposal. Failure to comply with one or more of the Mandatory qualifications may disqualify the Proposer.

Instructions:

1. Read.
2. Check "Agree" or "Disagree" to each Mandatory requirement as appropriate.
3. Complete the "ACKNOWLEDGE AND ACCEPT" section:
 - Print company name.
 - Print the name of the representative signing this form (must be authorized to legally bind the company).
 - Sign this form.
 - Date the form.
4. Return this form per Section 2.4 of the RFP (TAB 1).

<u>Agree</u>	<u>Disagree</u>	<u>Sec.</u>	<u>Qualification</u>
<input type="checkbox"/>	<input type="checkbox"/>	4.1	Pursuant to Wis. Stat. § 16.705 (1r), services must be performed within the United States.
<input type="checkbox"/>	<input type="checkbox"/>	4.2	Proposer agrees that any work products developed by Proposer as part of the project described in this RFP (e.g. all written reports, drafts, presentations and meeting materials, etc.) shall become the property of ETF.
<input type="checkbox"/>	<input type="checkbox"/>	4.3	The Proposer shall have no conflict of interest with regard to any other work performed by the Proposer for the State of Wisconsin.
<input type="checkbox"/>	<input type="checkbox"/>	4.4	The Proposer shall not be suspended or debarred from performing federal or State government work.
<input type="checkbox"/>	<input type="checkbox"/>	4.5	During the past five (5) years, the Proposer must not have been in bankruptcy or receivership or been involved with any litigation alleging breach of contract, fraud, breach of fiduciary duty or other willful or negligent misconduct. If the Proposer provides a response of "DISAGREE," provide details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Proposer.

ACKNOWLEDGE AND ACCEPT

This Form has been reviewed by me and shall become part of the final Contract. I am a duly authorized representative of my company and have the authority to legally bind my company. I hereby acknowledge and accept responsibility for the accuracy of the responses given above. I further accept that my company's Proposal *may* be rejected on the grounds that any item listed above is marked as "Disagree." Also, I acknowledge I have specified and provided a reason for any answer marked as "Disagree" in TAB 3 Assumptions and Exceptions of my company's Proposal.

Company Name: _____	
Printed Name of Authorized Company Representative _____	
Signature of Authorized Company Representative _____	Date _____