Attachment 1

Request for Qualification for Contractual Services Form

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| BIDDER MUST COMPLETE THE FOLLOWING |

By signing this Request for Qualification for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Request for Qualification, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder maintains a drug free work place.

Per Nebraska’s Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

\_\_\_\_\_ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. “Nebraska Contractor” shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFQ.

\_\_\_\_\_\_I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

\_\_\_\_\_ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

**FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)**

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| INDIVIDUAL/FIRM NAME: |  |
| COMPLETE ADDRESS: |  |
| TELEPHONE NUMBER: |  |
| EMAIL ADDRESS: |  |
| DATE: |  |
| SIGNATURE: |  |
| TYPED NAME & TITLE OF SIGNER (FIRMS ONLY): |  |