**REQUEST FOR PROPOSALS (RFP) – N60354C**

**For**

**GEMINI Instrument Upgrades: Small Projects**

**Proposal Form (IUSP-02)**

**ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRONOMY, INC. (AURA)**

 **OPERATING THE GEMINI OBSERVATORY**

### Hilo, Hawaii and La Serena, Chile

Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Association of Universities for Research in Astronomy, Inc. acting as operator of the Gemini Observatory ("Gemini")

  Attn.: Karen E. Godzyk, AURA Contracts Officer

1. **Overview.** In compliance with the terms of Gemini's Request For Proposal N60354C (the "RFP"), the undersigned hereby proposes to perform and complete the work described in the RFP in accordance with the provisions of the Fixed-Price Gemini Instrument Update Small Projects Contract Form (Document IUSP-03.1) using the Statement of Work for the Gemini Instrument Update Small Projects (Document IUSP-03.2).  Capitalized terms used in this proposal have the same respective meanings given such terms in the RFP.
2. **Basic information.**Please provide the following information about your company or institution:

1. Name and address:

Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        State/Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The name and contact information of your contact person for this procurement (include email address, telephone, and fax number if different than above):

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

        Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If the company is a partnership, please list the full names of all of the partners.

1. If the company is a sole proprietorship, please state the full name of the owner:
2. If the answer to any of the following questions is yes, please attach details**:**
3. Has the undersigned failed to complete any project or work under any contract in the last five years? \_\_\_\_\_
4. Are there any judgments, claims, arbitration proceedings, or lawsuits pending or outstanding against the undersigned or its officers? \_\_\_\_\_
5. Has the undersigned filed any lawsuits or requested arbitration with regard to a contract in the last five years?  \_\_\_\_

1. Please give the address of the facility that will perform the work if it is at a different location than the address given above in section 2(a):

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1. **Price and payments.**

This price covers all expenses necessary to perform all of the Work as provided in the Contract Form.

(Do not include any applicable sales tax, excise tax, or customs duties in this price.  Applicable taxes will be determined after selection.)

**Budgeted Labor Cost** including benefits, employer paid taxes, etc. for all trades expected to be used on this project.

|  |  |  |
| --- | --- | --- |
| **Trade** | **Hourly Rate** | **Budgeted Hours** |
|  |  |  |
|  |  |  |
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**Budgeted Equipment, Material, and Supplies Cost**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Units** | **Cost/Unit** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Budgeted Contracted Services**

|  |  |  |
| --- | --- | --- |
| **Contracted Services** | **Description** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |

**Budget Summary:**

Labor $\_\_\_\_\_\_\_\_\_\_\_

Equipment, Materials, and supplies $\_\_\_\_\_\_\_\_\_\_\_

Contracted Services $\_\_\_\_\_\_\_\_\_\_\_

Indirect costs/overhead $\_\_\_\_\_\_\_\_\_\_\_

Profit $\_\_\_\_\_\_\_\_\_\_\_

Total Price $\_\_\_\_\_\_\_\_\_\_\_

Gemini would prefer to pay the fixed price as a single lump sum after the completion of the work.  Proposers are welcome to request alternative payment arrangements (i.e., milestones).  Milestone payments must accurately track the portion of the work performed through that milestone.

1. **Proposed Project Milestone Schedule**

|  |  |
| --- | --- |
| **Milestone** | **Proposed Completion Date** |
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**5. Contract Terms**

 State any objections to any provisions of the contract form, including Terms and Condition. Any provisions not mentioned here will not be open for negotiation if a contract is offered to you.

**6. Representations and Certifications**

This form must be completed and submitted with your proposal.  Please check the appropriate boxes below to make the following representations and certifications as a part of your proposal:

1. **Regular Dealer-Manufacturer**.  Respondent is a ( ) regular dealer in, ( ) manufacturer of, the items to be provided under the Contract.
2. **Small Business/Small Disadvantaged Business Subcontracting**.  AURA maintains a Small Business and Small Disadvantaged Business Subcontracting Program.  Respondents are therefore required to check the appropriate blocks below:

Business Type (Check All That Apply)

(   )   **Small**.  A domestic concern that is independently owned and operated, is not dominant in the field of its operations, qualifies under the criteria covering annual receipts set forth in Section 3 of the Small Business Act, and does not employ more than 500 employees.

(    )   **Large**.  A domestic concern that, including domestic and foreign divisions and affiliates, normally employs 500 or more persons, is independently or publicly owned or controlled and operated, and that may be a division of another domestic or foreign concern.

(   )   **Minority Owned**.  51% of business or stock is owned by one or more socially and economically disadvantaged individuals and whose management and daily business operations are controlled by one more of such individuals. Socially and economically disadvantaged individuals include Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Asian-Indian Americans and other minorities, or any other individual found to be disadvantaged pursuant to Section 8(a) of the Small Business Act.

Native Americans include American Indians, Eskimos, Aleuts, and native Hawaiians; Asian-Pacific Americans include U.S. citizens whose origins are Guam, the U.S. Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, and Taiwan.

For assistance in determining your business size and socially and economically disadvantaged status, contact the nearest office of the Small Business Administration.

(    ) **Women-Owned**. A business that is at least 51% owned, controlled and operated by a woman or women. Note:  Controlled is defined as exercising the power to make policy decisions.  Operated is defined as actively involved in the day-to-day management.

(    ) **Non-Profit**.  A business or organization that has received non-profit status under

IRS Regulation 501(C)(3).

(    ) **Public**.  An agency of the Federal or State Government or a municipality.

(    ) **Sheltered**.  A sheltered workshop or other equivalent business basically employing the handicapped.

(    ) **Physically Challenged**. A business that is owned, controlled, and operated by a physically challenged person(s).

(    ) **Foreign**. A concern that is not incorporated in the United States or an unincorporated concern having its principal place of business outside the United States.

Business Status (Check One) - For IRS Reporting Requirements

(    )    **Corporation.**A business entity that is registered with a state in the United States as

a corporation, including non-profit corporations, but excluding professional corporations.

DUNS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(     )    **Other.**  An individual or other business entity that is not a registered corporation.

This includes unregistered corporations, independent contractors, partnerships, etc.

Indicate:

              Social Security   # \_\_ \_\_ \_\_ -\_\_ \_\_-\_\_ \_\_ \_\_ \_\_

                     or

              Federal Emp. ID #\_\_ \_\_-\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

DUNS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(required of all companies)

**WARNING**:  Failure to provide the above information may require that AURA withhold 20% of the Contractor’s payments and may result in fines imposed by the IRS.

* 1. **. Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions.**
1. The Respondent, by signing its Proposal, hereby certifies to the best of his or her knowledge and belief that on or after December 23, 1989,--
2. No appropriated funds from the United States Federal Government have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any government agency, a member of the United States Congress, an officer or employee of the United States Congress, or an employee of a member of the United States Congress on his or her behalf in connection with the awarding of any United States Federal contract, the making of any United States Federal grant, the making of any United States Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any United States Federal contract, grant, loan, or cooperative agreement;
3. If any funds other than United States Federal appropriated funds (including profit or fee received under a covered United States Federal transaction) have been paid, or will be paid, to any person for influencing or attempting to influence an officer or employee of any government agency, a member of the United States Congress, an officer or employee of the United States Congress, or an employee of a member of the United States Congress on his or her behalf in connection with this solicitation, the Respondent shall complete and submit, with its Proposal, OMB standard form LLL, Disclosure of Lobbying Activities, to the AURA Contracts Officer; and
4. He or she will include the language of this certification in all Subcontract awards at any tier and require that all recipients of Subcontract awards in excess of $100,000 shall certify and disclose accordingly.
5. Submission of this certification and disclosure is a prerequisite for making or entering into this Contract imposed by section 1352, title 31, United States Code. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure form to be filed or amended by this provision, shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.
	1. **Certification Regarding Debarment and Suspension.**
6. The Respondent certifies, to the best of its knowledge and belief, that—
7. The Respondents and/or any of its Principals—
8. Are [ ] are not [ ] presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any United States Federal agency;
9. Have [ ] have not [ ], within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for:  the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (United States Federal, state, or local) contract or subcontract; a violation of United States Federal or state antitrust statutes relating to the submission of offers; or the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and
10. Are [ ] are not [ ] presently indicted for, or otherwise criminally or civilly charged by a governmental entity within the United States with, commission of any of the offenses enumerated in subdivision (a)(1)(i)(B) of this provision.
11. The Respondent has [ ] has not [ ], within a three-year period preceding this offer, had one or more contracts terminated for default by any United States Federal agency.

"Principals," for the purposes of this certification, means officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity (e.g., general manager, plant manager, head of a subsidiary, division, or business segment, and similar positions).

1. The Respondent shall provide immediate written notice to the AURA Contracts Officer if, at any time prior to Contract award, the Respondent learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
2. A certification that any of the items in paragraph (a) of this provision exists will not necessarily result in withholding of an award under this Request for Proposal.  However, the certification will be considered in connection with a determination of the Respondent’s responsiveness.  Failure of the Respondent to furnish a certification or provide such additional information as requested by AURA may render the Respondent nonresponsive.
3. The certification in paragraph (a) of this provision is a material representation of fact upon which reliance will be placed when making an award. If it is later determined that the Respondent knowingly rendered an erroneous certification, in addition to other remedies available to AURA, AURA may terminate the Contract resulting from this Request for Proposal for default.

**Document submission checklist:**

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| Proposal (section page limit) |  |
|  Executive Summary (2 pages) | \_\_\_\_yes/\_\_\_\_No |
|  Scientific Justification for the instrument upgrade and science requirements (up to 6 pages) | \_\_\_\_yes/\_\_\_\_No |
|  Telescope Time Proposal (up to 2 pages) | \_\_\_\_yes/\_\_\_\_No |
|  Project Plan and Technical Requirements (up to 8 pages) | \_\_\_\_yes/\_\_\_\_No |
|  Project Management, System Engineering, and  Team Experience (up to 8 pages) | \_\_\_\_yes/\_\_\_\_No |
|  Publication ListContract Objections | \_\_\_\_yes/\_\_\_\_No\_\_\_\_yes/\_\_\_\_No |
| Proposal Form | \_\_\_\_yes/\_\_\_\_No |

**The person submitting this Proposal on behalf of Contractor hereby warrants and represents that all statements herein are true and that he or she has authority to make the above representations of qualifications and submit this proposal on behalf of the Contractor.**

The undersigned hereby submits this Proposal.

Company or institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

(Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Title

**Proposer’s Experience Questionnaire**

List and briefly describe two projects completed by your organization that involved equipment, skills, and expertise similar to those required by your proposed Gemini Instruments Upgrade: Small Projects project, being sure to list any involving relevant Gemini instruments.

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| --- |
| Project A Title:  |
| Project Lead or Manager: |
| Contact for this project: |
|  Position: |
|  Address: |
|   |
|  Phone #, Email address |
| Project was in the public [ ] or private [ ] sector |
| Total contract amount: |
| Type and term of contract : |
| Starting and ending dates: |
| Indicate if the project was completed on schedule. If not, explain |
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| Provide a brief description of the scope of work performed and the project’s success. |
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| Referee Name and Contact Details: |

|  |
| --- |
| Project B Title:  |
| Project Lead or Manager: |
| Contact for this project: |
|  Position: |
|  Address: |
|   |
|  Phone #, Email address |
| Project was in the public [ ] or private [ ] sector |
| Total contract amount: |
| Type and term of contract : |
| Starting and ending dates: |
| Indicate if the project was completed on schedule. If not, explain |
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| Provide a brief description of the scope of work performed and the project’s success. |
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| Referee Name and Contact Details: |