

# Exhibits

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# **Exhibit A-1**

## **Proposal Cover Sheet**

(A Word version of the Proposal Cover Sheet is “paper clipped” to this Exhibits file for ease of completion.)

**NORTH CAROLINA TURNPIKE AUTHORITY  
MARKETING AND COMMUNICATIONS  
REQUEST FOR PROPOSALS**

**EXECUTION:** In compliance with this Request for Proposal, and subject to all the conditions herein, the undersigned offers and agrees to furnish any or all Services or goods upon which prices are offered, at the price(s) offered herein, within the time specified herein. By executing this offer, I certify that this offer is submitted competitively and without collusion.

Failure to execute/sign offer prior to submittal shall render Proposal invalid. Late offers are not acceptable.

BIDDER:		
STREET ADDRESS:	P.O. BOX:	ZIP:
CITY & STATE & ZIP:	TELEPHONE NUMBER:	TOLL FREE TEL. NO:
PRINT NAME & TITLE OF PERSON SIGNING:	FAX NUMBER:	
AUTHORIZED SIGNATURE:	DATE:	E-MAIL:

Offer valid for ~~one hundred and eighty (180)~~ two hundred and forty (240) calendar days from Proposal Due Date.

## **Exhibit A-2**

### **List of Subcontractors and RS-2 Form**

(PDFs of all forms are presented below. A fillable PDF of the RS-2 Form and a Word version of the List of Subcontractors Form are both “paper clipped” to this Exhibits file for ease of completion.)

Please duplicate this page as necessary to provide the requested information.

	SUBCONTRACTOR	SUBCONTRACTOR	SUBCONTRACTOR
Legal Name of Company			
Company's FEID Number			
Company Contact Name			
Company Address			
City, State, Zip Code			
Company Telephone No.			
Company Fax Number			
Company E-mail address			
Legal Name of Principal(s)			
Address of Principal(s)			
City, State, Zip Code			
Telephone No. of Principal(s)			
Fax Number of Principal(s)			
E-mail address of Principal(s)			
Corporate Number (if applicable)			
License Number (if applicable)			
Status of License (if applicable)			
Work to be Performed			
Expected Percentage of Total Work			

By: \_\_\_\_\_  
President or Vice President

Signature: (1) \_\_\_\_\_

Attest: \_\_\_\_\_  
Secretary (or Assistant Secretary)

Signature: (2) \_\_\_\_\_

**(Affix Corporate Seal Below)**

\*\*\*\*\*

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
SUBCONSULTANT  
TO BE USED WITH PROFESSIONAL SERVICES CONTRACT ONLY  
RACE AND GENDER NEUTRAL**

*TIP No. and/or Type of Work (Limited Services)*

*(Consultant/Firm Name and Federal Tax Id)*

*(Subconsultant/Firm Name and Federal Tax Id)*

<b><i>SERVICE / ITEM DESCRIPTION</i></b>		<b><i>Anticipated Utilization</i></b>
	<b>TOTAL UTILIZATION:</b>	
<b>SUBMITTED BY:</b> SUBCONSULTANT:	<b>RECOMMENDED BY:</b> CONSULTANT:	
<b>*BY:</b>	<b>*BY:</b>	
<b>TITLE:</b>	<b>TITLE:</b>	
SPSF Status: Yes <input type="checkbox"/> No <input type="checkbox"/>		

**“SUBCONCONSULTANT” (FORM RS-2)**  
**RACE AND GENDER NEUTRAL**

**Instructions for completing the Form RS-2:**

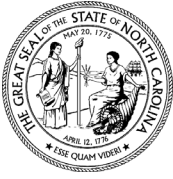
1. Complete a Subconsultant Form RS-2 for each Subconsultant firm to be utilized by your firm.
2. Insert TIP Number and /or Type of Work (Limited Services)
3. Complete the Consultant/Firm name and Federal Tax ID Number for the primary firm information.
4. Complete the Subconsultant/Sub Firm name and Federal Tax ID Number for the sub firm information.
5. Enter Service/Item Description – describe work to be performed by the Sub Firm
6. Enter Anticipated Utilization – Insert dollar value or percent of work to the Subconsultant/Sub Firm
7. \*Signatures of both Subconsultant and Prime Consultant **are required** on each RS-2 Form to be submitted with the Letter of Interest (LOI) to be considered for selection
8. Complete “SPSF Status” section - Subconsultant shall check the appropriate box regarding SPSF Status, check Yes if SPSF or No if not SPSF

In the event the firm has **no** subconsultant, **it is required that this be indicated on the Subconsultant Form RS-2 form by entering the word “None” or the number “ZERO” and signing the form.**

# **Exhibit A-3**

## **Certification of Financial Condition**

(A fillable PDF of this form is “paper clipped” to this Exhibits file for ease of completion.)



## Exhibit A-3: CERTIFICATION OF FINANCIAL CONDITION

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RFPName: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

The undersigned hereby certifies that: [check all applicable boxes]

- ☐ The Vendor is in sound financial condition and, if applicable, has received an unqualified audit opinion for the latest audit of its financial statements.

Date of latest audit: \_\_\_\_\_ (If no audit within past 18 months, explain reason below.)

- ☐ The Vendor has no outstanding liabilities, including tax and judgment liens, to the Internal Revenue Service or any other government entity.

- ☐ The Vendor is current in all amounts due for payments of federal and state taxes and required employment-related contributions and withholdings.

- ☐ The Vendor is not the subject of any current litigation or findings of noncompliance under federal or state law.

- ☐ The Vendor has not been the subject of any past or current litigation, findings in any past litigation, or findings of noncompliance under federal or state law that may impact in any way its ability to fulfill the requirements of this Contract.

- ☐ He or she is authorized to make the foregoing statements on behalf of the Vendor.

**Note:** This shall constitute a continuing certification and Vendor shall notify the Contract Lead within 30 days of any material change to any of the representations made herein.

**If any one or more of the foregoing boxes is NOT checked, Vendor shall explain the reason(s) in the space below. Failure to include an explanation may result in Vendor being deemed non-responsive and its submission rejected in its entirety.**

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Signature

---

Date

---

Printed Name

---

Title

**[This Certification must be signed by an individual authorized to speak for the Vendor]**



# **Exhibit A-4**

## **Customer Reference Form**

(A fillable PDF of this form is “paper clipped” to this Exhibits file for ease of completion.)



## Exhibit A-4: CUSTOMER REFERENCE FORM

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RFPName: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

**Instructions:** Vendor shall use this template to submit three (3) customer references with its offer.

Name of Customer Organization:	
Customer Reference Name:	
Customer Reference Address:	
Customer Reference Email:	
Start Date:	
End Date:	
Explanation of contract, service agreement, or type of products and quantity provided to the organization:	

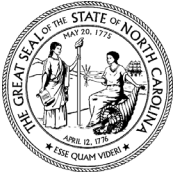
Name of Customer Organization:	
Customer Reference Name:	
Customer Reference Address:	
Customer Reference Email:	
Start Date:	
End Date:	
Explanation of contract, service agreement, or type of products and quantity provided to the organization:	

Name of Customer Organization:	
Customer Reference Name:	
Customer Reference Address:	
Customer Reference Email:	
Start Date:	
End Date:	
Explanation of contract, service agreement, or type of products and quantity provided to the organization:	

# **Exhibit A-5**

## **HUB Supplemental Supplier Information**

(A fillable PDF of this form is “paper clipped” to this Exhibits file for completion.)



## Exhibit A-5: HUB Supplemental Vendor Information

RFPName: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Historically Underutilized Businesses (HUBs) consist of minority, women, and disabled business firms that are at least fifty-one percent owned and operated by an individual(s) from one of these categories. Also included in this category are disabled business enterprises and non-profit work centers for the blind and severely disabled.

Pursuant to G.S. 143B-1361(a), 143-48 and 143-128.4, the State invites and encourages participation in this procurement process by businesses owned by minorities, women, the disable, disabled business enterprises, and non-profit work centers for the blind and severely disabled. This includes utilizing individual(s) from these categories as subcontractors to perform the functions required in this Solicitation.

The Vendor shall respond to questions below, as applicable.

### **PART I: HUB CERTIFICATION**

Is Vendor a NC-certified HUB entity? ☐ **Yes** ☐ **No**

If **yes**, provide Vendor #: \_\_\_\_\_

If **no**, does Vendor qualify for certification as HUB? ☐ **Yes** ☐ **No**

Vendors that check "yes" will be referred to the HUB Office for assistance in acquiring certification.

### **PART II: PROCUREMENT OF GOODS - SUPPLIERS**

For *Goods* procurements, are you using Tier 2 suppliers? ☐ **Yes** ☐ **No**

If **yes**, then provide the following information:

Company Name	Company Address	Website Address	Contact Name	Contact Email	Contact Phone	NC HUB certified?	Percent of total bid price

### **PART III: PROCUREMENT OF SERVICES - SUBCONTRACTORS**

For *Services* procurements, are you using Subcontractors to perform any of the services being procured under this solicitation? ☐ **Yes** ☐ **No**

If **yes**, then provide the following information:

<b>Company Name</b>	<b>Company Address</b>	<b>Website Address</b>	<b>Contact Name</b>	<b>Contact Email</b>	<b>Contact Phone</b>	<b>NC HUB certified?</b>	<b>Percent of total bid price</b>

#### **Need more information?**

Questions concerning the completion of this form should be presented during the Q&A period through the process defined in the Solicitation document.

Questions concerning NC HUB certification, contact the [North Carolina Office of Historically Underutilized Businesses](#) at 984-236-0130 or [huboffice.doa@doa.nc.gov](mailto:huboffice.doa@doa.nc.gov)

# **Exhibit B**

## **Pricing Sheets & Instructions**

(An Excel version is “paper clipped” to this Exhibits file for ease of completion.)

Tab	Title	Definition / Instructions	Cell Reference
ALL Tabs	N/A	The Proposer shall NOT alter the pricing sheets in any way, other than in accordance with these instructions, or the bid may be deemed non-responsive.	N/A
	N/A	Blank cost spaces, cost-plus calculations (commission %, % billed over actual, etc.) and statements such as "TBD", "starting at", "N/A", etc. do not convey firm costs and will result in rejection of the Proposer's offer.	N/A
Tab B - Labor Rates	For this Sheet, the Proposer is to provide pricing for customary marketing and advertising services, including personnel costs, travel and subsistence expenses, subcontractor costs (if any), and any other costs (e.g. office expenses).		
	Account Mgmt, Broadcast Production/Digital/Digital Media, Creative, Digital Services, Public Relations & Comms, Quantitative Research	For each of the listed services, provide a Unit of Measurement (in Column B) and the Cost (in Column C).	Column B & Column C
	Additional Costs (if any)	Detail any additional costs, not included in the list, beginning on Row 61. List the name of the Cost Element (in Column A), a Unit of Measurement (in Column B) and the Cost (in Column C).	A61-A75, B61-B75, C61-C75
Tab C - Samples of Work	Samples of Work	For each of the listed Samples of Work, provide <u>lump sum pricing</u> that should include ALL labor, tasks, work, materials and equipment to recreate the Sample of Work.	B4-B12
	Clarification	List the name of the Sample of Work (any Medium) being priced for Line Item 12.	A17

## Sheet B: Labor Rates

<u>Cost Element</u>	<u>Unit of Measurement</u>	<u>Cost</u>
<b>ACCOUNT MANAGEMENT</b>		
Project Management	\$	-
Strategic Planning	\$	-
Media Briefs	\$	-
Media Summaries	\$	-
<b>BROADCAST PRODUCTION/DIGITAL/DIGITAL MEDIA</b>		
Shooting (Basic Crew/Equipment) (Range Per Day)	\$	-
Non-Linear Video Editing	\$	-
Audio Editing/Recording	\$	-
Graphics and Animation	\$	-
DVD Authoring	\$	-
Tape-to-Tape Editing	\$	-
<b>CREATIVE</b>		
Marketing Strategy/Creative Strategy (Includes Branding and Positioning)	\$	-
Concepting and Key Messaging	\$	-
Art Direction	\$	-
Copywriting	\$	-
Design	\$	-
Production	\$	-
<b>DIGITAL SERVICES</b>		
Strategic Planning	\$	-
Digital Design	\$	-
Programming/Development	\$	-
Paid Search Set-Up Fee	\$	-
App Interface Design	\$	-
Website Interface Design	\$	-
App User Testing	\$	-
Website User Testing	\$	-
Media Monitoring	\$	-
Digital Analysis/Reporting	\$	-
Media Planning	\$	-
Media Placement (Commission Percentage)	\$	-
Media Consultation	\$	-
<b>PUBLIC RELATIONS &amp; COMMUNICATIONS</b>		
Consulting (Strategic Planning, Campaign Conception)	\$	-
Writing (Press Release, Brochure, Pitch Letter/Email, Op-Ed, Copy Points)	\$	-
Distribution (Press Material and Media Follow-up)	\$	-



## Sheet B: Labor Rates

<u>Cost Element</u>	<u>Unit of Measurement</u>	<u>Cost</u>
Plan Community Involvement Activities and Meetings		\$ -
Outreach Event Staffing		\$ -
Outreach Event Management and Registration		
Social Media Management		\$ -
Media Relations (Contact, Organizing Editorial Meetings)		\$ -

## QUALITATIVE RESEARCH

Focus Group Facility Rental (Per Session)	\$	-
Moderator (Per Session)	\$	-
Respondent Recruiting (Per Person)	\$	-
Respondent Incentives (Per Person)	\$	-
Food Costs (Per Person)	\$	-
Video/Audio Recording (Per Person)	\$	-
Fixed Camera (Per Group)	\$	-
Camera Operator (Per Group)	\$	-
Analysis and Reporting	\$	-

## QUANTITATIVE RESEARCH

Research Consulting and Design	\$	-
Research Coordination	\$	-
Respondent Incentives (Per Survey Respondent)	\$	-
Analysis and Reporting	\$	-

**Additional Costs (If Any)**

[illegible]

## Sheet C: Samples of Work

<u>Cost Element</u>	<u>Total Cost</u>
<b>Samples of Work</b>	
Three (3) Digital Ads	\$ -
One (1) Animated/ Video Ad	\$ -
One (1) Customer Facing Website	\$ -
One (1) Customer Facing App	\$ -
Two (2) Radio Ads	\$ -
Three (3) Social Media and Email Marketing Components	\$ -
One (1) Outdoor Ad	\$ -
One (1) Outreach Event/Staffing Concept	\$ -
Two (2) Additional Items (Any Medium)	\$ -
<b>Total Cost of All Samples of Work</b>	<b>\$ -</b>

**Clarification:** List the name of the Sample of Work (any Medium)  
priced for Line Item 12 -