

ATTACHMENT D - CONTACT WORKSHEET

REQUEST FOR PROPOSALS (RFP) FOR TELECOMMUNICATION INFRASTRUCTURE PROJECT SERVICES 2

RFP NO: DMS-18/19-045

Contractor should enter a response directly below each question or statement. Additional rows may be added as required.

The column Region(s) applies to which Region(s) the employee will be servicing during the life of this Contract or the Region in which they are located and will be covering during the services of this Contract. For instance, office personnel, a Contractor Project Manager, the personnel for invoicing, or scheduling, may be able to cover multiple Regions, but a technician providing on-site (the location of the Project or Moves, Adds, and Changes) services will be listed under the Region in which their service facility resides.

1. Please provide the Contractor Project Manager(s), the main contact(s), for the Contractor who will be in charge of work and providing submittals during the life of the Contract resulting from the Request for Proposal and the specific Region(s) in which they are responsible.

Contractor Project Manager(s)	Physical Address	Office Phone Number	Cell Phone Number	Email Address	Region(s)	Duties	Years of Employment with the Respondent	Estimated Percentage of Time to be Spent on TIPS Services

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2. Please provide information on the employee for the Contractor who will be in charge of scheduling of work crews for the Contractor during the life of the Contract resulting from the Request for Proposal, if different than the Contractor Project Manager and the specific Region(s) in which they are responsible.

Name	Physical Address	Office Phone Number	Cell Phone Number	Email Address	Region(s)	Duties	Years of Employment with the Respondent	Estimated Percentage of Time to be Spent on TIPS Services

3. Please provide information on the employee for the Contractor who will be in charge of invoicing during the life of the Contract resulting from the Request for Proposal.

Name	Physical Address	Office Phone Number	Cell Phone Number	Email Address	Region(s)	Duties	Years of Employment with the Respondent	Estimated Percentage of Time to be Spent on TIPS Services

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4. Please provide information on the employee for the Contractor who has the BICSI Registered Communications Distribution Designer (RCDD) certification and will be available as needed dependent on the Project during the life of the Contract resulting from the Request for Proposal.

Name	Physical Address	Office Phone Number	Cell Phone Number	Email Address	Region(s)	Duties	Years of Employment with the Respondent	Estimated Percentage of Time to be Spent on TIPS Services

5. Please provide information on the employees for the Contractor performing services on-site that has certifications and training which aids in the ability to obtain Manufacturer warranties for Projects during the life of the Contract resulting from the Request for Proposal.

Name	Type of Training/Certification	Product Manufacturer	Region	Duties	Years of Employment with the Respondent	Estimated Percentage of Time to be Spent on TIPS Services

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6. Please provide information on the employees for the Contractor performing services on-site that has certifications and training which aids in the ability to perform services for Projects during the life of the Contract resulting from the Request for Proposal.

Name	Type of Training/Certification	Industry Certification Name (i.e. BICSI)	Region	Duties	Years of Employment with the Respondent	Estimated Percentage of Time to be Spent on TIPS Services

7. Please provide the contact for each Subcontractor scheduling work and providing submittals during the life of the Contract resulting from the Request for Proposal.

Name	Physical Address	Office Phone Number	Cell Phone Number	Email Address	Region(s)	Duties	Years of Employment with the Respondent	Estimated Percentage of Time to be Spent on TIPS Services

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8. Please provide the location for each Service Facility(s) within in the Region(s) bid during the life of the Contract resulting from the Request for Proposal.

Region	Physical Address of the Service Facility	Phone Number

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