

REQUIRED FORMS - EXHIBIT 1

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date and sign this form and place it as the first page of your proposal. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and state of incorporation:

_____	_____	_____
Name	State	Year Inc.

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. If your firm is doing business under one or more DBAs, please list all DBAs and County(ies) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ____ If yes,

Name of parent firm: _____

State of incorporation or registration of parent firm: _____

5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____
_____	_____

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

Proposer acknowledges and certifies that its lead Consultant meets and will comply with all of the Minimum Requirements listed in Section 1.4 (Minimum Requirements) of the body of the RFP, as listed below.

Check the appropriate boxes:

Yes **No** Proposer's lead Consultant must have a minimum of three (3) years within the last seven (7) years of documented experience in writing business and technical requirements and developing requests for proposals for CAD-RMS solutions for public safety agencies; **or**

Proposer's lead Consultant must have a minimum of three (3) years within the last seven (7) years of documented experience working with public safety agencies with no less than 2,000 personnel in writing business and technical requirements for CAD-RMS solutions.

Yes **No** Proposer's lead Consultant must have experience, proven through a previous implementation, using one or more of the following technologies as it relates to the justice community: (Note: Select all that apply)

- National Information Exchange Model (“NIEM”), specifically with the Global Justice XML Data Model (GJXDM)
- Law Enforcement National Data Exchange (N-DEx)
- Unified CAD (UCAD)
- National Crime Information Center (NCIC)
- Next generation 911 capabilities, standardized data exchange using Automated Secure Alarm Protocol (ASAP) and Public Safety Answering Point (PSAP)
- Electronic field based reporting as it pertains to portable computers such as laptops and tablets and mobile devices such as: PDAs; smart phones; etc.

Yes **No** Proposer's lead Consultant must have conducted, at a minimum, two (2) complete requirements and/or gap analysis studies for business and technical requirements study; One (1) of the requirements and/or gap analysis studies must have been for a large scale (500 or more concurrent users) system.

Yes **No** Proposer's lead Consultant must have project management experience with a minimum of three (3) years within the last seven (7) years managing all phases of the project life cycle in implementing a commercial off the shelf (COTS) CAD solution.

Yes **No** Proposer's lead Consultant must have contract negotiation experience on behalf of a law enforcement agency or public safety agency with a minimum contract sum of five million dollars (\$5,000,000).

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Proposer's Name:

Address:

E-mail address: _____ Telephone number: _____

Fax number: _____

On behalf of _____ (Proposer's name), I _____
(Name of Proposer's authorized representative), certify that the information contained in this Proposer's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service
Employer Identification Number

Title

California Business License Number

Date County

WebVen Number