

**BIDDER'S QUESTIONNAIRE – EXHIBIT O  
P19134  
QUANTUM DXI BACKUP UNIT**

This questionnaire is an integral part of a Bidder's Bid, and shall be completed. Failure to provide the required information may cause rejection of your Bid. All references and information shall be current and traceable. If the Bidder is a joint venture, each shall prepare a separate form.

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**NAME OF BIDDER:**

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**PRINCIPAL OFFICE**

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**STREET ADDRESS OR P.O. NUMBER**

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**CITY**

**STATE**

**ZIP CODE + 4**

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**TELEPHONE**

**FAX**

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**E-MAIL ADDRESS**

1. Are you an individual \_\_\_\_\_, a partnership \_\_\_\_\_, a corporation \_\_\_\_\_, or a joint venture \_\_\_\_\_?  
(Check appropriate business structure).

If partnership, list names and addresses of partners; if corporation, list names of officers and directors and State of incorporation; if joint venture, list names and addresses of venturers and, if any venture is a corporation, partnership or joint venture, list the same information for each such corporation, partnership and joint venture.

**NAME**

**ADDRESS**

NAME	ADDRESS


2. How many years has your organization been in business as a Contractor under your present business name? \_\_\_\_\_years.
3. How many people are currently employed by your firm? \_\_\_\_\_ In Santa Clara County? \_\_\_\_\_
4. Of the people employed, what are the job classifications involved in the services required by this solicitation, and how many people are assigned to each classification?

JOB CLASSIFICATION	NO. OF EMPLOYEES

5. What is the location of your facility located in Santa Clara County? What is the square footage of this facility? (If the facility is not in Santa Clara County, indicate the location and square footage of the nearest facility to VTA's Administrative Offices on First Street, San Jose).

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6. What are the types and number of vehicles you will use in the performance of services required by this solicitation?

TYPE	NUMBER

7. List the names of companies and public agencies that you have furnished service to within the last twelve months.

<b>NAME AND ADDRESS:</b>	
<b>TYPE OF BUSINESS:</b>	
<b>CONTACT INFORMATION:</b>	
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<b>TYPE OF BUSINESS:</b>	
<b>CONTACT INFORMATION:</b>	

8. List the names of companies and public agencies that you have current orders for the same or similar service.

<b>NAME AND ADDRESS:</b>	
<b>TYPE OF BUSINESS:</b>	
<b>CONTACT INFORMATION:</b>	

<b>NAME AND ADDRESS:</b>	
<b>TYPE OF BUSINESS:</b>	
<b>CONTACT INFORMATION:</b>	
<b>NAME AND ADDRESS:</b>	
<b>TYPE OF BUSINESS:</b>	
<b>CONTACT INFORMATION:</b>	

**9.** Have you or your organization, or any officer or partner thereof, failed to complete a contract? If so, give details:

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**10.** Is any litigation pending against your organization? If so, give details:

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**11.** Are you a certified SBE/DBE? If yes, with which agency do you hold your certification:

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The undersigned certifies that (s)he is legally authorized by the Bidder to make the statements and representations contained in this document, and represents and warrants that the foregoing information is true and accurate to the best of his knowledge, and intends that the Santa Clara Valley Transportation Authority, Santa Clara County, California, rely thereon in evaluating the Bidder.

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**NAME OF COMPANY**

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**SIGNATURE**

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**PRINTED NAME/ TITLE**

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**DATE**