



**Proposal for Asset Management Services Contract**

Name of Entity	
Business Address	
Contact Person Name/Title	
Contact Person Phone	
Contact Person Email	



### Returnable Schedule 4.1 - Legal Entity

In completing Returnable Schedule 4.1, do not use more than seven (7) pages, including all text, pictures, graphs, tables, etc.

The applicant is a:

*(Check the applicable box)*

- ☐ Corporation
- ☐ Limited Liability Corporation
- ☐ Joint Venture
- ☐ S Corporation
- ☐ Partnership
- ☐ Sole Proprietorship

DUNS #:
SAM #:

Is the applicant an entity under a holding company? ☐ Yes ☐ No

<b>If YES, the name of holding company is:</b>
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Complete the following table for the applicant, any parent entity and any affiliated entity that will provide financial or management support for the Contract:

<b>Name of the Entity and Trade Name, if any</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Email Address</b>	
<b>Contact Person</b>	
<b>Title</b>	
<b>Tax ID #</b>	
<b>State of Formation</b>	
<b>Date of Formation</b>	
<b>Ownership (Names and Addresses of Owners; include percentage of ownership interest)</b>	

Complete the following table for the applicant.



<b>Principals (as defined in 2 C.F.R. § 180.995)</b>	<b>Address</b>	<b>Title and/or Affiliation</b>

The applicant certifies, in accordance with and as these terms are defined in 2 C.F.R. parts 180 and 1400 and sections 744 and 745 of Division E of the Consolidated and Further Continuing Appropriations Act, 2015 (Pub. L. 113-235), the following:

- 1) Neither the applicant nor any of its principals are presently excluded or disqualified.
- 2) Within the three years preceding submission of the proposal, neither the applicant nor any of its principals have been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) or private agreement or transaction; violation of federal or state antitrust statutes; commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, violating federal criminal tax laws, receiving stolen property, making false claims, or obstruction of justice; or commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects their present responsibility.
- 3) Neither the applicant nor any of its principals are presently indicted for or otherwise criminally or civilly charged by a federal, state or local governmental entity with the commission of any of the aforementioned offenses.
- 4) Neither the applicant nor any of its principals have had one or more public transactions (federal, state or local) terminated for cause or default within the three-year period preceding the submission of the proposal.
- 5) If a corporation, the applicant does not have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.
- 6) If a corporation, the applicant has not been convicted of a felony criminal violation under any Federal law within the preceding 24 months.

If the applicant is unable to certify one or more of the items above, it may sign this returnable schedule, and, together with this returnable schedule, must submit detailed information explaining why it is unable to certify the item(s). The information the applicant must submit includes a description of every incident

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that prevents the applicant from certifying the item(s); the current status of each incident; and, if resolved, how each incident was resolved. The applicant must explain how these incidents may affect the applicant's ability to fulfill the terms of the Draft Asset Management Services Contract.

I, \_\_\_\_\_ certify, that I am the \_\_\_\_\_ of the (specify one) corporation/partnership/limited liability company/joint venture named as the applicant, herein; that I signed this proposal for and on behalf of the applicant, with full authority under its governing instrument(s), within the scope of its powers, and with the intent to bind the entity and that the information presented above is true.

Name of the Entity \_\_\_\_\_

BY \_\_\_\_\_ Date \_\_\_\_\_

(Type or Print Name)

Original Signature \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



**Returnable Schedule 4.2 - Industry Experience**

In completing Returnable Schedule 4.2, do not use more than two (2) pages, including all text, pictures, graphs, tables, etc.

**Demonstrate your most relevant asset management experience over the last five years:**

Dates		Name of Entity/Short Description of Experience	Resort	Hotel	F&B	Retail	Contact Information:	
From	To		<i>Check all that apply</i>				Name/ Title/Address	Phone Number/ E-mail
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



**Returnable Schedule 4.3 - Government Experience**

In completing Returnable Schedule 4.3, do not use more than two (2) pages, including all text, pictures, graphs, tables, etc.

**Demonstrate your experience over the last five years working with government entities (*Federal, State, Local*):**

Dates		Name of Entity/Short Description of Experience	Federal	State	Local	Contact Information:	
From	To		<i>Check all that apply</i>			Name/ Title/Address	Phone Number/ E-mail
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



**Returnable Schedule 4.4 - Hospitality Experience**

In completing Returnable Schedule 4.4, do not use more than two (2) pages, including all text, pictures, graphs, tables, etc.

**Demonstrate your relevant hospitality experience in general, in the hotel, resort, retail, and food & beverage industries over the last five years:**

Dates		Name of Entity/Short Description of Experience	Resort	Hotel	F&B	Retail	Contact Information:	
From	To		<i>Check all that apply</i>				Name/ Title/Address	Phone Number/ E-mail
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



**Returnable Schedule 4.5 - Proposed Personnel**

In completing Returnable Schedule 4.5, do not use more than two (2) pages, including all text, pictures, graphs, tables, etc.

**Key Asset Management Personnel:**

Key Person Name	Position/Title/Description of relevant experience and qualifications	Anticipated role on this engagement	Years of applicable experience			
			Resort	Lodging	F&B	Retail

Brief description of the size of the asset management team, structure, and proposed roles of team members with respect to the NPS asset(s):





### Returnable Schedule 4.6 - Commitment and Capability

In completing Returnable Schedule 4.6, do not use more than four (4) pages, including all text, pictures, graphs, tables, etc.

**Describe two (2) examples that demonstrate your commitment to cooperative and flexible contracting relationships:**

Dates		Name of Organization	Brief description of commitment	Contact	Phone/E-mail
From	To				

**Describe two (2) examples that demonstrate your achievements in oversight of capital projects and budgets.**

Dates		Name of Organization	Brief description of achievement	Contact	Phone/E-mail
From	To				

**Describe two (2) examples that demonstrate your achievements in managing costs and overseeing high quality service.**

Dates		Name of Organization	Brief description of achievement	Contact	Phone/E-mail
From	To				

**Describe two (2) examples that demonstrate your experience with historic and “green” hotels.**

Dates		Name of Organization	Brief description of experience	Contact	Phone /E-mail
From	To				



**Returnable Schedule 4.7 – Applicant’s Approach**

Include in your proposal a brief narrative description (no more than 2 pages) of how you will deliver upon the required services outlined in Section 3 of the Draft Asset Management Services Contract.



**Returnable Schedule 4.8 – Financial Proposal**

In completing Returnable Schedule 4.8, do not use more than one (1) page, including all text, pictures, graphs, tables, etc.

<b>Asset Management Fee (NTE) Total Cost</b>							
Task	Labor Total Cost	Travel	Other Direct Costs (ODCs)	Total Year 1	Total Year 2	Total Year 3	Total
<b>TOTAL</b>							

<b>Labor Category, Key Personnel, and Hourly Rate(s)</b>				
Labor Category	Key Personnel	Hourly Rate Year 1	Hourly Rate Year 2	Hourly Rate Year 3