

USE BLACK INK WHEN PREPARING YOUR BID. BE SURE YOU HAVE INSERTED YOUR COMPANY'S NAME IN THE BOX

Cisco Systems, Inc.

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IX.7 QUESTIONNAIRE

NOTES TO BIDDERS: FAILURE TO ANSWER THE QUESTIONS WILL DELAY THE EVALUATION OF YOUR BID AND MAY RESULT IN REJECTION OF YOUR BID.

Are prices quoted the same as or lower than those quoted other corporations, institutions and government agencies (including GSA/VA contracts) on similar products, quantities, terms and conditions? See "Best Pricing Offer" in Appendix B, OGS General Specifications.
If "NO", explain on a separate sheet.

 X YES NO

Do you have a contract with the General Services Administration (GSA) or Veterans Affairs (VA) for products offered? (Check all that apply.)

 GSA VA X NO

If yes, will you offer New York State pricing equal to or better than your GSA or VA pricing?

 GSA VA NO

If yes, a corresponding copy of the GSA or VA schedule is required.

 GSA VA

Is this product available only on a "direct from the manufacturer basis" or can pricing be obtained from dealers or distributors?
Check one:

 Manufacturer Dealers or Distributors

If you are a manufacturer and have checked "Dealers or Distributors", attach listing of authorized dealers and distributors.

 YES NO

Do you have your catalog available on the Internet?

 X YES NO

If yes, do you have the ability to make NYS pricing available on line?

 YES NO

Does bidder offer Electronic Access Ordering (EDI)?

 X YES NO

If awarded a contract, will bidder accept the New York State Procurement Card for orders not to exceed \$15,000?
If bidder limits the maximum acceptable card amount to less than \$15,000, indicate the maximum amount:

 X YES NO

\$ _____

Additional discount for purchases made with the NYS Procurement Card:

 %

Are any products offered manufactured from recycled materials?

 YES X NO

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Are any products offered remanufactured (restored to its
original performance standards and function)?
Are any products offered Energy Star Compliant?
(If YES to any of the above, attach specifics.)
If awarded a contract, will bidder honor orders
for less than the minimum order?

_____ YES _____ NO

_____ YES _____ NO

_____ YES _____ NO

If YES, will shipping costs be added in accordance
with the "Minimum Order" clause?

_____ YES _____ NO

OR

If YES, will bidder ship at no additional cost?

_____ YES _____ NO

Person or persons to contact for New York State contract orders:

Name:

Michael Parzych

Title:

Account Manager

Telephone Number:

(518) 527 3531

Toll Free Telephone Number:

()

Fax Number:

()

Toll Free Fax Number:

()

E-Mail Address:

mparzych@cisco.com

Person or persons to contact in the event of Repair/Trouble

Cisco Technical Assistance Center (TAC)

State Normal Business Hours (Specify M-F, Sat, Sun):

Name:

Desk Supervisor

Title:

Telephone Number:

1 800 553 2447

Fax Number:

()

Pager Number:

()

Mobile Telephone Number:

E-Mail Address:

mparzych@cisco.com

Person or persons to contact for Escalation

Cisco Technical Assistance Center (TAC)

State Normal Business Hours (Specify M-F, Sat, Sun):

M-F

Name:

9 6

Title:

[1 800 553 2447](tel:18005532447)

Telephone Number:

[1 800 553 2447](tel:18005532447)

Fax Number:

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Pager Number:

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Mobile Telephone Number:

E-Mail Address:

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BIDDERS ANSWER THE FOLLOWING QUESTIONS:

1. Are you a New York State resident business?
2. Total number of people employed by your business:
3. Total number of people employed by your business in New York State:
4. Is your business independently owned and operated?
5. Is your business at least 51% owned and controlled by women, or 51% owned and controlled by minority group members (i.e., Black, Hispanic, Asian, Pacific Islander, American Indian, Alaskan Native)?

If yes, have you been certified or registered?

List certification or registration authority:

6. **PLACE OF MANUFACTURE OF PRODUCT(S) BID:**
(Indicate Yes or No for either A, B or C)

- A. All NYS Manufacture
- B. All Manufactured outside NYS
- C. Manufactured In NYS and Outside NYS
If yes to C above, Location (State) where more than half the value is added to the product(s) bid:

7. **BIDDER'S PRINCIPAL PLACE OF BUSINESS*:**

*"Principal Place of Business" is the location of the primary control, direction and management of the enterprise.

_____ YES ___ X _____ NO

___ Approx 65,000 worldwide _____

___ 576 _____

_____ YES ___ X _____ NO

_____ YES ___ X _____ NO

☐ MINORITY-OWNED FIRM

☐ WOMEN-OWNED FIRM

_____ YES ___ N/A _____ NO

_____ N/A _____

_____ YES ___ X _____ NO

___ X ___ YES _____ NO

_____ YES ___ X _____ NO

State of _____

State of

___ California _____

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8. "NONDISCRIMINATION IN EMPLOYMENT IN
NORTHERN IRELAND:
MacBRIDE FAIR EMPLOYMENT PRINCIPLES"

In accordance with Section 165 of the State Finance Law,
bidders, by submission of this bid, certifies that
it or any individual or legal entity in which bidders
holds a 10% or greater ownership interest, or any individual
or legal entity that holds a 10% or greater ownership
interest in bidders, either:

(Answer Yes or No to one or both of the following,
as applicable),

A. have business operations in Northern Ireland:

___X___ YES _____ NO

If yes,

B. shall take lawful steps in good faith to conduct any
business operations in Northern Ireland in accordance
with the MacBride Fair Employment Principles
relating to non-discrimination in employment and
freedom of workplace opportunity regarding such
operations in Northern Ireland, and shall permit
independent monitoring of compliance with such
Principles.

___X___ YES _____ NO

BIDDERS PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is your company a Minority or Women-Owned Business Enterprise, certified in accordance with Article 15A of the New York State Executive Law as defined below?
2. Is your company listed in the Empire State Development Directory of Certified Minority and Women Owned Businesses?

http://www.empire.state.ny.us/Small_and_Growing_Businesses/mwbe.asp

NOTE: Contractors certified **and** listed in the Empire State Development's Directory of Certified Minority and Women-Owned Business Enterprises* will be identified by OGS as MBEs and/or WBEs in the OGS Contract Award Notification upon award of the contract.

*For further information and or application please contact New York State Department of Economic Development, Division of Minority and Women-Owned Business Enterprise at 518-292-5250 (Albany) or 212-803-2414 (New York City).

"Minority or Women-Owned Business Enterprise" shall mean a business enterprise, including a sole proprietorship, partnership or corporation that is:

- (a) at least fifty-one percent owned and controlled by the minority members and/or women;
- (b) an enterprise in which such minority and/or women ownership interest is real, substantial and continuing;
- (c) an enterprise in which such minority and/or women ownership has and exercises the authority to independently control the day-to-day business decisions; and
- (d) an enterprise independently owned, operated and authorized to do business in New York State.

3. Is your company a New York Small Business Concern as defined in accordance with Article 11 of the New York State Finance Law?

"Small Business Concern" means a business which:

- (a) is resident in New York State;
- (b) is independently owned and operated;
- (c) is not dominant in its field; and,
- (d) employs one hundred or fewer persons.

_____ YES ___X___ NO

_____ YES ___X___ NO

MINORITY-OWNED
WOMEN-OWNED
MINORITY AND WOMEN-OWNED

_____ YES ___X___ NO

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9. BIDDER/OFFERER DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS

Pursuant to Procurement Lobbying Law (SFL §139-j)

- A. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years?

_____ YES X NO

If yes, please answer the following question:

- B. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j?

_____ YES _____ NO

- C. If yes, was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a governmental entity?

_____ YES _____ NO

If yes, please provide details regarding the finding of non-responsibility:

Governmental Entity:

Date of Finding of Non-responsibility:

Basis of Finding of Non-Responsibility:
(add additional pages if necessary)

- D. Has any governmental agency terminated or withheld a procurement contract with the above-named individual or entity due to the intentional provision of false or incomplete information?

_____ YES X NO

If yes, please provide details:

Governmental Entity:

Date of Termination or Withholding of Contract:

Basis of Termination or Withholding:
(add additional pages if necessary)

REASONABLENESS OF PRICE QUESTIONNAIRE

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NOTES TO BIDDERS: FAILURE TO ANSWER THE
QUESTIONS WILL DELAY THE EVALUATION OF YOUR BID
AND MAY RESULT IN REJECTION OF YOUR BID.

Please provide the following information (one sheet per category
bid)

LOT No.:#
Category:

___1___

Do you have a contract with the General Services Administration
(GSA), Veterans Affairs (VA), Department of Defense (DOD), or
other Federal Government Agency for products offered? (Check all
that apply.)

___ GSA ___ VA
___ DOD ___ Other
 X NO

If yes, a copy of the GSA, VA, DOD, or other Agency comparable
contract pricing information as outline in section II.3?

___ GSA ___ VA
___ DOD ___ Other

Have you included an electronic copy of comparable contract pricing
information as outline in section II.3?

X YES ___ NO

If yes to having GSA, VA, DOD, or other Federal Agency contract,
will Bidder offer New York State pricing equal to or better than your
GSA, VA, DOD, or other Federal Agency pricing?

___ YES ___ NO

If no to above, an explanation of why equal to or better pricing is not
being offered is required. Have you attached a written explanation?

___ YES ___ NO

If Bidder has state contract for products offered, please provide the
name of the state:

New York; PT59009 and PS59010

If State was completed above, an electronic copy of the comparable
contract pricing information as outline in section II.3. Have you
included an electronic copy?

X YES ___ NO

For state contract referenced above, will Bidder offer New York
State pricing equal to or better than your state contract pricing?

X YES ___ NO

If no to above, an explanation of why equal to or better pricing is not
being offered is required. Have you attached a written explanation?

___ YES ___ NO

If Bidder has a contract for products offered with a best commercial
customer outside of GSA, VA, DOD, another Federal Agency, or a
state, please provide the name of the customer:

If best commercial customer was completed above, an electronic
copy of the customer's comparable contract pricing information as
outline in section II.3. Have you included an electronic copy?

___ YES ___ NO

For best commercial customer contract referenced above, will Bidder offer New York State pricing equal to or better than the pricing for the best commercial customer?

_____ YES

_____ NO

Have you designated Resellers/Distributors to be listed?

_____ YES

__ **X** _ NO

If yes, are they authorized to accept purchase orders, issue invoices and receive payments?

_____ YES

_____ NO

If yes, have you indicated which reseller/distributors are Authorized as indicated above, as required in Section VI.5.4

_____ YES

_____ NO