



REQUEST FOR PNEUMATIC TUBE SYSTEM PROPOSAL

Introduction

The Absentee Shawnee Housing Authority is requesting proposals for a pneumatic tube system to be installed at our Finance Office located at 105 ½ N Kimberly, Shawnee.

Scope

Design and install a single tube pneumatic tube system to send and receive payments, invoices and miscellaneous paperwork to the Absentee Shawnee Housing Authority Accounts Receivable office. The system will need to have audio, be installed underground and delivered to the AR office countertop. The exact location of the interior and exterior station will be determined during a mandatory site visit. The exterior station will be located just off the curb in the yard in front of the Finance Office and will need to be covered with a cantilever awning. All posts and stations must be located in a way to prevent any obstructions to accessibility and traffic in the cul-de-sac. All proposals should include all needed updates including but not limited to all interior and exterior electrical work. All proposals must include systems and installation specifications and all warranty information. The contractor will be responsible for any permits required from the city. A site visit is mandatory.

The deadline to respond to this request will be **Friday, April 25, 2025, no later than 4:00 pm (C.S.T.)** by email to akramirez@ashousingauthority.com or by mail/in person to Absentee Shawnee Housing Authority
107 N. Kimberly Ave.
Shawnee, OK 74801



We will be considering many factors when choosing who to contract services with so please complete your proposal with the following information:

1. 1. All costs associated with the design and installation of the system.
(Lowest overall cost - 20 points, 2nd lowest - 15 pts, 3rd lowest - 10 pts, 4th lowest - 5 pts)
2. Are you a Native American owned business? Include Certification from SPIA or other certifying entity; or include Tribal ID or CDIB and Articles of Incorporation showing ownership of the business. **(20 Points)**
3. Did you provide the requested specs and warranty information? **(0 - 15 points)**
4. What length of warranty do you provide? **(0 - 20 points)**
5. Do you have a maintenance plan available for future repairs or replacements to parts?
(0 - 10 points)
6. Are your materials made in America? **(0-10 points)**
7. Do you provide training for the staff on the use of the system? **(0-5 points)**
8. Can you provide 3 business references that currently use your services or have used your services in the past that we can contact personally? **(0 - 20 points)**

We will be awarding this service based upon a point system with a possible total of 120 points. In the event of a tie, we will award the service according to the timeliest and most professionally presented response.

Please include the following Indian Preference Qualification Certification (if applicable) with your proposal.



*****Please fill out this form if you are applying for Indian Preference and you don't already have a Pre-Certification from SPIPB or other Qualifying Entity*****

APPLICATION FORM INSTRUCTIONS

1. Attach one of the following that applies:
 - A.) Corporate by-laws, charter, stock certificates, and any other information or documents verifying ownership of corporation signed, attested to and sealed. (Corporations)
 - B.) Partnership agreement signed and notarized. (Partnerships)
 - C.) Joint venture agreements signed and notarized or attested to and sealed, if a corporation. (Joint Ventures must request Joint Venture application form.)
 - D.) Any other documentation verifying ownership of company which evidences 51% Indian Ownership. (Complete tribal enrollment form and provide copy of Membership Card with photo).
2. Include an organizational chart for the company.
3. Include any additional information the owners wish to include to further support application for certification.
4. Include evidence of license for any trade requiring license. (Must be current).
5. If participant is a sole proprietorship, include only those documents necessary and applicable.
6. Definitions:

"Indian" is defined to mean any person who is a member of any tribe, band, group, pueblo or community which is recognized by the federal government as "Eligible for services" from the Bureau of Indian Affairs.

"Indian-Owned Economic Enterprise" is defined to mean any Indian owned commercial, industrial, or business activity established or organized for the purpose of profit, provided, that such Indian ownership shall constitute not less than 51 per centum of the enterprise.

"Indian Organization" is defined to mean the recognized governing body of any Indian tribe: any legally established organization of Indian which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participant of Indians in all phases of its activities.

"Joint Venture" is defined to mean any group of two or more joined together for the purpose of establishing an economic unit: and that each may sell, assign, transfer, or otherwise dispose of ownership independent of one another.



APPLICATION FORM
Request for Indian Preference

Section 1:

Name of Enterprise: _____

Address: _____ City _____ State _____

Principal office (Street Address): _____

Telephone#: _____ Cell phone: _____

Email: _____

List names of majority ownership of enterprise (Indian ownership):

Section 2: Check One:

___ Corporation

___ Partnership

___ Sole Proprietorship

___ Joint Venture

___ Other

Section 3: Complete the following:



If a corporation:

A.) Date of incorporation: _____

B.) State of incorporation: _____

C.) Give the names and addresses of the officers of the Corporation and establish whether they are Indian (I) or Non-Indian (NI).

Name	I or NI	Title	Address	% Interest
		President		
		Vice President		
		Secretary Or Clerk		
		Treasurer		



D.) Complete the following information on all stockholders owning 10% or more of the stock. Establish whether they are Indian (I) or Non-Indian (NI).

Name	I or NI	Address	% Stock ownership



Complete the following if a sole proprietorship or partnership:

A.) Date of organization: _____

B.) Give the following information on the individual or partners and establish whether they are Indian (I) or Non-Indian (NI).

Name	I or NI	Individual / General or Limited Partner	Address	% Interest

Complete the following if a Joint Venture:



A.) Date of joint venture agreement: _____

B.) Give the following information on each principle in the joint venture and establish whether they are Indian (I) or Non-Indian (NI).

Name	I or NI	Address	% Stock ownership

Section 4: Give the name, address and telephone number of the principal spokesperson of your organization:



Name: _____

Address: _____

Phone: _____ Cell phone: _____

Email: _____

Section 5: A. Indicate the total number of permanent employees (excluding owners) in your work force, their job titles, and whether they are Indian or Non-Indian.

B. Over the past three years, what has been the average number of employees (excluding owners)? Indicate whether each employee is an Indian (I) or Non-Indian (NI).



NOTES:



1. Omission of any information may cause for this statement not receiving timely consideration and Indian Preference not given for this contract.
2. Knowing that the Department of Housing and Urban Development must approve a contract between this enterprise and the Indian housing authority, the persons signing below certify that all information in this Indian Preference Qualification Statement, including exhibits and attachments, is true and correct.
3. Print or type all names below signatures.

If applicant is sole proprietor, sign below:

By: _____ Date: _____
Print: _____

All partners must sign below:

By: _____ Date: _____

By: _____ Date: _____

By: _____ Date: _____

By: _____ Date: _____

If applicant is a corporation, affix corporation seal



Corporation Seal

Date:

By: _____
President's signature

Attested by: _____
Corporation Secretary's signature

IN WITNESS WHEREOF the party(s) have affixed _____ hand(s) the date and year first above written.

Subscribed and sworn to before me this _____ day of _____, 20____.
(SEAL)

My commission expires: _____ Commission#: _____

Notary Public: _____

Warning: U.S. Criminal Code, Section 1010, Title 18 U.S.C., provides In-part: "Whoever...makes, passes, utters, or publishes any Statement, knowing the same to be false...shall be fined not more than \$5,000 or imprisoned not more than two years, or both."

CERTIFICATION OF ELIGIBILITY TO PARTICIPATE

I/WE the officer's of _____ are



certifying that I/WE are not on a contractor debarred list with the Department of Housing and Urban Development.

Name	Title, Role or Capacity	Date

NOTE: SIGNATURE AND NOTARY DATE MUST COINCIDE

IN WITNESS WHEREOF the party(s) have affixed _____ hand(s) the date and year first above written.

Subscribed and sworn to before me this _____ day of _____, 20_____
(SEAL)

My commission expires: _____ Commission#: _____

Notary Public: _____

Warning: U.S. Criminal Code, Section 1010, Title 18 U.S.C., provides In-part: "Whoever...makes, passes, utters, or publishes any Statement, knowing the same to be false...shall be fined not more than \$5,000 or imprisoned not more than two years, or both."