**INSTRUCTIONS**

Any person, or group of persons, company, association, non-profit corporation, firm, corporation or partnership (“Responders”, “Respondents”) wishing to submit a Proposal for the occupancy, improvement/repair, use and operation of the fixed-base operator (“FBO”) facility consisting of an aircraft hangar, office building/pilot lounge, carport area and aircraft tie-downs (“FBO Facility”) located at Siskiyou County Airport ("Airport"), must fully complete and submit this form and supporting documentation to the Siskiyou County Department of General Services (“County”). A fixed-base operator (FBO) is an organization granted the right by an airport sponsor to operate an aeronautical business at the airport and provide aeronautical services such as fueling, hangaring, tie-down and parking, aircraft rental, aircraft maintenance, flight instruction, and similar services. This Request for Proposals does not include the opportunity to provide fueling at this time.

* This Eligibility and Proposal Form must be completed, executed and submitted as the original document constituting your Proposal.
* Please type or print all information on the form, except signatures. Use additional pages as necessary and index the corresponding response to the section designation used in this Eligibility and Proposal Form.
* Proposals will be considered irregular and may be rejected if such irregularity is determined, in the sole discretion of the County, to be a material defect, including if a Respondent does not submit an original Eligibility and Proposal Form, completed and executed, including original signatures. Also, in the sole discretion of the County, a Proposal may be rejected if the information provided is incomplete, inconsistent or not responsive, contains conditions, limitations or unauthorized alternatives, fails to include required certifications/documents or affidavits, references, or if a Respondent does not have the financial capability to fulfil the obligations of the FBO Facility Lease.
* If any questions or items requested are not applicable to the Respondent, please indicate by inserting “Not Applicable” or “N/A” where applicable.

Respondents may attach additional charts, diagrams, tables, drawings, photographs or other materials considered relevant for the completeness or clarity of the Proposal.

**GENERAL INFORMATION**

1. Type of Respondent:

Choose an item. (If Respondent is a group or partnership, please use additional pages and provide all the below information for each person in the group or partnership)

1. Respondent’s Full Name, Physical Address, and Contact Info:

Full Name:

Click here to enter text.

Street:

Click here to enter text.

City, State, ZIP:

Click here to enter text.

Phone:

Click here to enter text.

Email:

Click here to enter text.

1. Respondent’s Mailing Address:

Street:

Click here to enter text.

City, State, ZIP:

Click here to enter text.

1. Respondent’s Company Name, Title, Company Address, and Federal Employer ID# (If Applicable):

Company Name:

Click here to enter text.

Title:

Click here to enter text.

Street:

Click here to enter text.

City, State, ZIP:

Click here to enter text.

Federal Employer ID#:

Click here to enter text.

\*\*Include documentation that the Company is authorized to do business in the State of California\*\*

1. Full Name, Address, and Contact Information of Respondent’s Business Partner/Investor (If Applicable):

Full Name - Partner/Investor 1:

Click here to enter text.

Street:

Click here to enter text.

City, State, ZIP:

Click here to enter text.

Phone:

Click here to enter text.

Email:

Click here to enter text.

Full Name - Partner/Investor 2:

Click here to enter text.

Street:

Click here to enter text.

City, State, ZIP:

Click here to enter text.

Phone:

Click here to enter text.

Email:

Click here to enter text.

\*\*Please include an attachment if additional response is applicable\*\*

1. List of All Aircraft that Respondent and Respondent’s Business Partner/Investor (If Applicable) Owns or has a partial ownership interest in, the Current Location of such Aircraft, and if such Aircraft Will Be Relocated to Siskiyou County Airport:

Respondent/Respondent’s Business Partner/Investor Name:

Click here to enter text.

Aircraft Name:

Click here to enter text.

Aircraft Number:

Click here to enter text.

Current Base Location:

Click here to enter text.

To Be Relocated to Siskiyou County Airport (Yes/No):

Click here to enter text.

Respondent/ Respondent’s Business Partner/Investor Name:

Click here to enter text.

Aircraft Name:

Click here to enter text.

Aircraft Number:

Click here to enter text.

Current Base Location:

Click here to enter text.

To Be Relocated to Siskiyou County Airport (Yes/No):

Click here to enter text.

Respondent/ Respondent’s Business Partner/Investor Name:

Click here to enter text.

Aircraft Name:

Click here to enter text.

Aircraft Number:

Click here to enter text.

Current Base Location:

Click here to enter text.

To Be Relocated to Siskiyou County Airport (Yes/No):

Click here to enter text.

\*\*Please include an attachment if additional response is applicable\*\*

1. List of All Airports that Respondent and Respondent’s Business Partner/Investor (If Applicable) Have Had a contract, Lease Holdings Including Subleases, Space-Permits or Agreements at Siskiyou County Airport or Any Airport Located Within Siskiyou County or the United States Within the Past Five (5) Years:

Respondent/ Respondent’s Business Partner/Investor Name:

Click here to enter text.

Airport Name:

Click here to enter text.

Airport Point of Contact:

Click here to enter text.

Phone:

Click here to enter text.

Dates of Tenancy:

Click here to enter text.

Respondent/ Respondent’s Business Partner/Investor Name:

Click here to enter text.

Airport Name:

Click here to enter text.

Airport Point of Contact:

Click here to enter text.

Phone:

Click here to enter text.

Dates of Tenancy:

Click here to enter text.

Respondent/ Respondent’s Business Partner/Investor Name:

Click here to enter text.

Airport Name:

Click here to enter text.

Airport Point of Contact:

Click here to enter text.

Phone:

Click here to enter text.

Dates of Tenancy:

Click here to enter text.

\*\*Please include an attachment if additional response is applicable\*\*

1. Describe Any Relationships that the Respondent and Respondent’s Business Partner/Investor (If Applicable) May Have With Siskiyou County Airport or Individual Members, Employees, Tenants or Contractors of Siskiyou County Airport:

Click here to enter text.

\*\*Please include an attachment if additional response is applicable\*\*

1. Proposed Usage, Improvement/Repair Plan, and Business Plan for Hangar, Office Building/Pilots Lounge, Carport Area and Tie-Downs (“FBO Facility”) During the Successful Respondent’s Proposed FBO Facility Lease Term. Usage, Improvement Plan, and Business Plan Should Include Phasing Schedules and Cost of Improvements/Repairs. Proposed Usage, Improvement/Repair Plan, and Business Plan Will Be Considered by County When Negotiating the Respondent’s Proposed Term of this FBO Facility Lease:

Click here to enter text.

1. The Respondent Proposes the Following FBO Facility Lease Term, Monthly Base Rent, and Percent of Gross Quarterly Receipt Which Would be Paid by the Respondent to the Siskiyou County Airport During the Improvement/Repair and Usage of the Hangar, Office Building/Pilot Lounge, Carport Area and Tie-Downs (“FBO Facility”) if this Proposal is Accepted (Minimum Monthly Base Rent and Gross Quarterly Receipts are set at $0.058/SQFT and 5%, Respectively):

FBO Facility Lease – Term:

Click here to enter text. Years

Monthly Base Rent – FBO Facility:

$ Click here to enter text./SqFt

Gross Quarterly Receipts – Percent:

Click here to enter text.%

**ADDITIONAL INFORMATION AND ELIGIBILITY**

Respondent must meet and submit, along with this Eligibility and Proposal Form, the following qualifying documents:

1. Successfully Completed Background Check;
2. Verification of Proof of Funds (Image of Bank Account with Sufficient Funds to Support the Respondent’s Proposal are Acceptable);
3. Respondent Credit Check as of May 15, 2019 or later;
4. Respondent’s References – Respondent and Respondent’s Business Partner/Investor (If Applicable) must provide Five (5) Aeronautical, Five (5) Business, Five (5) Personal, and \*Five (5) Municipal/Local Government References;

\*Municipal/Local Government References shall include any Municipal/Local Government clients that Respondent and Respondent’s Business Partner/Investor (If Applicable) have performed work for in the last ten (10) years\*

1. Respondent and Respondent’s Business Partner/Investor (If Applicable) must confirm that you/they are in Good Standing at any airport within Siskiyou County or any other airport in the United States. Please type/write in ‘Yes’ or ‘No’ below:

Click here to enter text.

Any additional information which the Responder believes would support the acceptance of this Proposal is suggested, but not required. Such additional information should be presented in such a way as to not obscure the orderly submittal of the required Proposal elements, and be indexed to be consistent with this Eligibility and Proposal Form. No additional submittal or information will be accepted after the due date of the Proposal, except that Siskiyou County reserves the right to request additional information from the Respondent in writing.

[SIGNATURE PAGE FOLLOW]

**INDIVIDUAL RESPONDENT**

The undersigned hereby certifies that all of the information contained herein, and in any attachments hereto, is true and accurate.

Respondent’s Name:

Click here to enter text.

Respondent’s Contractor License Number (If Applicable):

Click here to enter text.

Date:

Click here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If Respondent is proposing as a Corporation, dual signatures from the Corporate Officers (President/CEO and CFO/Treasurer-Secretary) are required – See Signature Page Below\*

\*If Respondent is proposing to perform the improvement/repairs of the FBO Facility by himself/herself, Respondent must submit their contractor’s license number\*

**CORPORATE RESPONDENT**

The undersigned hereby certifies that all of the information contained herein, and in any attachments hereto, is true and accurate.

Respondent Name (1):

Click here to enter text.

Respondent Name (2):

Click here to enter text.

Company Name:

Click here to enter text.

Respondent Title (1):

Click here to enter text.

Respondent Title (2):

Click here to enter text.

Respondent’s Contractor License Number (If Applicable):

Click here to enter text.

Date:

Click here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Respondent Title (1)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Respondent Title (2)