

**ATTACHMENT D
PROPOSAL CHECKLIST**

INSTRUCTIONS

Respondent and Respondent's Business Partner/Investor (If Applicable) must initial and date each of the following:

MANDATORY PRE-PROPOSAL SITE TOUR

- 1) Respondent attended the Mandatory Pre-Proposal Site Tour

Respondent's Initial/Date: _____ County's Initial/Date: _____

GENERAL INFORMATION

Respondent and Respondent's Business Partner/Investor (If Applicable) submitted the following General Information requirements within their Proposal:

- 1) Type of Respondent

Respondent's Initial/Date: _____ County's Initial/Date: _____

- 2) Respondent's Full Name, Physical Address, and Contact Information

Respondent's Initial/Date: _____ County's Initial/Date: _____

- 3) Respondent's Mailing Address

Respondent's Initial/Date: _____ County's Initial/Date: _____

- 4) Respondent's Company Name, Title, Address, and Federal Tax ID #

Respondent's Initial/Date: _____ County's Initial/Date: _____

- 5) Full Name, Address, and Contact Information of Respondent's Business Partner/Investor – (If Applicable)

Respondent's Initial/Date: _____ County's Initial/Date: _____

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- 6) List of All Aircraft that Respondent and Respondent’s Business Partner/Investor (If Applicable) Own, Current Based Location of Aircraft, and if Aircraft Will Be Relocated to Siskiyou County Airport

Respondent’s Initial/Date: _____ County’s Initial/Date: _____

- 7) List of All Airports that Respondent and Respondent’s Business Partner/Investor (If Applicable) Have Had Lease Holding 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’s Initial/Date: _____ County’s Initial/Date: _____

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

Respondent’s Initial/Date: _____ County’s Initial/Date: _____

- 9) 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/Repair 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 and Base Rent of this FBO Facility Lease

Respondent’s Initial/Date: _____ County’s Initial/Date: _____

- 10) Respondent’s Proposed FBO Facility Lease Term and Base Rent to be Paid by the Respondent to the Siskiyou County Airport During the Improvement/Repair and Usage of the Hangar, Office Building/Pilots Lounge, Carport Area and Tie-Downs (“FBO Facility”) if this Proposal is Accepted

Respondent’s Initial/Date: _____ County’s Initial/Date: _____

ADDITIONAL INFORMATION AND ELIGIBILITY

Respondent and Respondent’s Business Partner/Investor (If Applicable) submitted the following Additional Information and Eligibility requirements within their Proposal:

- 1) Successfully Completed Background Check

Respondent’s Initial/Date: _____ County’s Initial/Date: _____

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- 2) Verification of Proof of Funds (Image of Bank Account with Sufficient Funds to Support the Respondent's Proposal are Acceptable)

Respondent's Initial/Date: _____ County's Initial/Date: _____

- 3) Credit Check as of May 1, 2019 or Later

Respondent's Initial/Date: _____ County's Initial/Date: _____

- 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

Respondent's Initial/Date: _____ County's Initial/Date: _____

- 5) 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

Respondent's Initial/Date: _____ County's Initial/Date: _____