# Responsible & Responsive Bidder - Affidavit of Compliance

## To be completed by Contractor/Subcontractor

Project:	Contract Number:	
Business Name: Business Address:		
Contact Person: Fax:	Phone: E-mail:	
For Office Use Only		
Indiana Secretary of State Online red	cords	Yes [ ] No [ ]
Federal FEIN or SS#		Yes [ ] No [ ]
Registered with the Indiana Departn	nent of Revenue	Yes [ ] No [ ]
Compliance with Equal Opportunity	Employer provisions	Yes [ ] No [ ]
Evidence of participation in applical	ple apprenticeship program(s)	Yes [ ] No [ ]
Written plan for employee drug testi employee drug testing is established	_	ement Yes [] No []
Statement of past compliance with the agreement to pay common construct		v and Yes[] No[]
Documents evidencing bidder's safe	ety & health activities	Yes [ ] No [ ]
Verification that individuals are propengloyees or independent contracto		Yes [ ] No [ ]
Verification that employees are proposed compensation coverage  Certification of Insurance  Declaration Page (if applicable)		ker's Yes[] No[] Yes[] No[] N/A[]Yes[] No[]
Required professional or trade licens	ses:	N/A [ ] Yes [ ] No [ ]
Disclosure of any federal, state, or lo to bidder's employees filed against t		Yes [ ] No [ ]

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Disclosure of tax liens or delinquencies against contractor in last 5 years		Yes [ ] No [ ]
First-tier subcontractor information (if applicable)		N/A [ ] Yes [ ] No [ ]
Additional Criteria (if applic	eable): Form 96 Violations of federal/state/local laws	N/A [ ] Yes [ ] No [ ] N/A [ ] Yes [ ] No [ ]
Credit toward bid award		N/A [ ] Yes [ ] No [ ]
Principal place of busin	ness (County):	
Credit awarded (percer	nt and dollar amount):	
At least 25% of bidder	's workforce resides in the County:	
Credit awarded (dollar	amount):	

#### **Affidavit of Compliance**

Prime contractor and its first-tier subcontractors shall complete this Affidavit of Compliance ("Affidavit") and submit supporting documentation as required pursuant to *An Ordinance Establishing Responsible and Responsive Bidder Requirements on Public Works Projects*. Contractor must submit this Affidavit and all related evidence with its bid. Contractor shall be responsible for providing this Affidavit to all first-tier subcontractors who will perform work on the project. All subcontractors' Affidavits and supporting documentation must be submitted to the prime contractor no later than the date of the subcontractor's first application for payment for the public work project.

For the remainder of this Affidavit, "Contractor" refers to the prime contractor and its first-tire subcontractors. Each item must be answered. If a question is not applicable, answer "NA." If the answer is none, answer "none."

The certifications set forth in this Affidavit and all documents attached hereto shall become a part of any contract awarded to the Contractor. Furthermore, Contractor shall comply with these certifications during the term and/or performance of the contract.

The undersigned	, as	and on behalf
(Name)	(Title)	<u> </u>
of	having been duly sworn u	under oath certifies that:
(Contractor)		
<b>Business Organization</b>		
The form of business organization of	the Contractor is (check one):	
Sole Proprietor or Partners Corporation	hip LLC Independent Contr	ractor (Individual)
Authorized to do business in the State	e of Indiana:	Yes [ ] No [ ]
Indiana Secretary of State online records (dated w/in 60 days of bid) attached:		hed: Yes [] No []
Federal Employer I.D. #:		
Social Security # (if an individual or s	sole proprietor):	
Registered with Indiana Department of	of Revenue:	Yes [ ] No [ ]
Describe supporting documen	tation attached:	

# **EOE Compliance**

Contractor is in compliance with provisions of Section 2000e of Chapter 21, United States Code and Federal Executive Order No. 11246 as amended by Exec 11375 (known as the Equal Opportunity Employer provisions).	
Common Construction Wage Compliance	
Contractor shall comply with all provisions of the Common Construction Wage Davis-Bacon and related Acts, and all rules and regulations therein.	law and federal Yes[] No[]
Contractor has reviewed the applicable prevailing wage law, including Construction Wage law and federal Davis-Bacon and related Acts.	the Common Yes [] No []
Contractor will pay the applicable common construction wage or prevailing wage rates.	Yes [ ] No [ ]
Contractor will strictly comply with applicable common construction wage or prevailing wage laws.	Yes [ ] No [ ]
Any Common Construction Wage violations assessed by the Indiana Department of Labor have been fully remedied.	Yes [ ] No [ ]
List any past violations of the Indiana Common Construction Wage law, inciviolation and date/method of remedy:	cluding date of
Participation in Approved Apprenticeship Program(s)	
Contractor participates in apprenticeship and training programs applicable to performed on the project, which are approved by and registered with the Department of Labor's Office of Apprenticeship, or its successor organizations.	United States
Describe supporting documentation attached (e.g. Apprenticeship Standards provision from multi-employer program documents):	
Apprenticeship Standards and Apprenticeship Agreement provided for any performing work on the project:  N/A []	y apprentice(s)

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Drug Testing	
Contractor has a written plan for employee drug testing;	Yes [ ] No [ ]
OR	
Contractor has signed a collective bargaining agreement that establishes an testing program.	employee drug Yes[] No[]
Safety & Health Activities	
Contractor has documents evidencing bidder's safety and health activities, e.g. policy statement or plan	a written safety Yes [] No []
Employee Classification	
Contractor's employees who will perform work on the project are properly employee or independent contractor under all applicable state and federal ordinances.	
Worker's Compensation	
Contractor's employees who will perform work on the project are:	
Covered under a current worker's compensation policy:	Yes [ ] No [ ]
Properly classified under such policy:	Yes [ ] No [ ]
Certificate of Insurance attached:	Yes [ ] No [ ]
Declaration Page attached (if applicable): N/A [	] Yes [ ] No [ ]

## **Professional or Trade Licenses**

Contractor will possess all applicable professional and trade	licenses required for performing the
Contract work.	Yes [ ] No [ ]

License	Number	Date Issued	Current Expiration	Holder of License

If any of the above license(s) have been revoked or suspended, state the date and reason for suspension/revocation.

### **Unpaid Compensation**

Contractor provides disclosure of any federal, state or local claim for unpa (wages and/or fringe benefits) to bidder's employees filed against the bidder	
years, where such claim totals \$100,000 or more.	Yes [ ] No [ ]
If "yes," describe claim and resolution:	
Tax liens or tax delinquencies	
Contractor provides disclosure of any federal, state or local tax liens or tax delir the contractor of any officers of the contractor in the last five (5) years	
If "yes," describe lien/delinquencies and resolution:	

#### **Subcontractors**

from whom the contractor has accepted a bid and/or intends to hire on any p	
within five (5) business days from the date the bids are due (Form A).	Yes [ ] No [ ]
Prime contractor shall provide this Affidavit of Compliance to all first-tier subco	
	Yes [ ] No [ ]
Additional Criteria (if required in the bid specifications)	
Form 96 – Contractor's Bid for Public Work attached N/A	[] Yes []No []

List any determinations by a court or governmental agency for violations of federal, state or local laws, including but not limited to violations of contracting or antitrust laws, tax or licensing laws, environmental laws, the Occupational Safety and Health Act (OSHA), the National Labor Relations Act (NLRA), or federal Davis-Bacon and related Acts.

Date	Law	Determination	Penalty

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<b>Documentation At</b>	tached (Contractor must initial next to each item):
Indiana Sec	eretary of State online records
Indiana De <sub>l</sub>	partment of Revenue registration
Standards of	of Apprenticeship/Apprentice Agreements
Employee D	<b>Drug Testing Plan</b> (or applicable provision from CBA in effect)
Safety and l	Health Activities
Worker's C	Compensation Coverage
Professiona	l or Trade Licenses
Form A:	Name, address and type of work for each first-tier subcontractor from whom contractor has accepted a bid or intends to hire to perform work on any part of the project. Form A shall be submitted within five (5) business days from the date the bids are due.
Affidavit of Compliant application for payr	prime contractor's first-tier subcontractors shall complete and submit an iance to the prime contractor no later than the date of the subcontractor's first ment for work on the public work project. Prime contractor shall submit all nation to the public body.
	a (if required in bid specifications, otherwise indicate "n/a")
Form 96 – 0	Contractor's Bid for Public Work
Violations o	of federal, state or local law
Credit toward bid av	ward (if applicable, otherwise indicate "n/a")
Secretary of S	State registration
Sales tax	
Local workfo	rce

# Form A First-Tier Subcontractors who will Perform Work on the Project

Prime contractor shall submit Form A within five (5) business days from the date bids are due.

Subcontractors shall submit Form A to prime contractor no later than the date of the subcontractor's first application for payment.

Prime contractor is responsible for submitting all Forms to public body.

Name	Address	Work to be Performed

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#### **BIDDER VERIFICATION**

I certify that I am authorized to execute this Affidavit of Compliance on behalf of the Contractor set forth on page one (1), that I have personal knowledge of all the information set forth herein and that all statements, representations, information and documents provide in or with this Affidavit and attachments hereto are true and accurate.

The Contractor may report any change in any of the facts stated in this Affidavit within fourteen (14) days of the effective date of such change by completing and submitting a new Affidavit. Failure to comply with this requirement is grounds for the Contractor to be deemed a non-responsible and non-responsive bidder.

	Signature of Authorized Officer
	Name of Authorized Officer (Print or Type)
	Title
	Telephone Number
State of Indiana County of	
Subscribed and sworn to	
before me this day of, 201	
Notary Public Signature & Seal	

#### **SUBCONTRACTOR VERIFICATION**

I certify that I am authorized to execute this Affidavit of Compliance on behalf of the Contractor set forth on page one (1), that I have personal knowledge of all the information set forth herein and that all statements, representations, information and documents provide in or with this Affidavit and attachments hereto are true and accurate.

The Contractor may report any change in any of the facts stated in this Affidavit within fourteen (14) days of the effective date of such change by completing and submitting a new Affidavit. Failure to comply with this requirement is grounds for the project owner to withhold payment due for work performed.

	Signature of Authorized Officer
	Name of Authorized Officer (Print or Type)
	Title
	Telephone Number
State of Indiana County of	
Subscribed and sworn to	
before me this day of, 201	
Notary Public Signature & Seal	