

**Responsible Bidder Affidavit of Compliance**  
*To be completed by Contractor/Subcontractor*

<b>Project:</b>	<b>Contract Number:</b>
<b>Business Name:</b>	
<b>Business Address:</b>	
<b>Contact Person:</b>	<b>Phone:</b>
<b>Fax:</b>	<b>E-mail:</b>

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**For Office Use Only**

Evidence of compliance with laws pre-requisite to doing business in the State	Yes <input type="checkbox"/> No <input type="checkbox"/>
Valid Federal FEIN or SS#	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registration with the Iowa Department of Revenue	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Registration with the Iowa Workforce Development Board	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Disclosure of any federal, state, or local tax liens or delinquencies within the last five (5) years	Yes <input type="checkbox"/> No <input type="checkbox"/>
List of employees covered under workers' compensation policy, verification that employees are properly classified and evidence of coverage	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Statement of past compliance with the federal Davis-Bacon Act and related Acts & agreement to pay prevailing wages on this project (if applicable)	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Statement of compliance with Equal Opportunity Employer Provisions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Written drug testing program or certification that employee drug testing is covered under a collective bargaining agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Verification that individuals are properly classified as employees or independent contractors	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Disclosure of claims for extra compensation in excess of \$100,000	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Required professional or trade licenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evidence of participation in applicable apprenticeship program(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
List of subcontractors (if applicable)	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Safety & Health Information:	
Written Safety Policy Statement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copies of OSHA Forms 300A Summary	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Copies of OSHA Forms 300 Log	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

List of subcontractors (if applicable) N/A [ ] Yes [ ] No [ ]

Additional Criteria (if applicable):  
Statements as to past performance N/A [ ] Yes [ ] No [ ]  
No violations of federal/state/local laws N/A [ ] Yes [ ] No [ ]

Credit toward bid award N/A [ ] Yes [ ] No [ ]

Address of business in the County or contiguous County: \_\_\_\_\_

Credit awarded (percent and dollar amount): \_\_\_\_\_

At least 25% of contractors' workforce resides in the County: \_\_\_\_\_

Credit awarded (dollar amount): \_\_\_\_\_



Registered with the Iowa Department of Revenue (if applicable). N/A [ ] Yes [ ] No [ ]

Describe supporting documentation attached (if “No,” explain):

\_\_\_\_\_

Registered with the Iowa Workforce Development Board (if applicable). N/A [ ] Yes [ ] No [ ]

Describe supporting documentation attached (if “No,” explain):

\_\_\_\_\_

**Tax liens or tax delinquencies**

Disclosure of any federal, state or local tax liens or tax delinquencies against the contractor or any officers of the contractor in the last five (5) years. Yes [ ] No [ ]

“No” means “not applicable.” If “yes,” describe lien/delinquencies and resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Workers’ Compensation**

Contractor’s employees who will perform work on the project are:

Covered under a current workers’ compensation policy: Yes [ ] No [ ]

Properly classified under such policy: Yes [ ] No [ ]

Describe supporting documentation attached:

**Prevailing Wage Compliance**

Contractor has complied with all provisions of the federal Davis-Bacon and related Acts, and all rules and regulations therein, for the past five (5) years. Yes [ ] No [ ]

Contractor has reviewed the federal Davis-Bacon Act and related Acts. Yes [ ] No [ ]

Contractor will pay the prevailing wage rates, if applicable. N/A [ ] Yes [ ] No [ ]

Contractor will strictly comply with applicable prevailing wage laws. N/A [ ] Yes [ ] No [ ]

Contractor has not been found by the United States Department of Labor to be in violation of the federal Davis-Bacon Act or a related Act twice within the past three year period.  
("Yes" indicates compliance with the Act): Yes [ ] No [ ]

If the above answer is "No," list the date(s) of the Department's finding of a violation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EOE Compliance**

Contractor is in compliance with provisions of Section 2000e of Chapter 21, Title 42 of the United States Code and Federal Executive Order No. 11246 as amended by Executive Order No. 11375 (known as the Equal Opportunity Employer provisions). Yes [ ] No [ ]

**Drug Testing**

Contractor has a written plan for employee drug testing (copy attached); Yes [ ] No [ ]

OR

Contractor has signed a collective bargaining agreement that establishes an employee drug testing program (applicable provision attached). Yes [ ] No [ ]

**Employee Classification**

Contractors's employees who will perform work on the project are properly classified as an employee or independent contractor under all applicable state and federal laws and local ordinances (Form B). N/A [ ] Yes [ ] No [ ]

**Unpaid Compensation**

Contractor provides disclosure of any federal, state or local claim for unpaid compensation (wages and/or fringe benefits) to contractor's employees filed against the contractor in the last five years, where such claim totals \$100,000 or more. N/A [ ] Yes [ ]  
No [ ]

If "yes," describe claim and resolution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

**Participation in Approved Apprenticeship Program(s)**

Contractor participates in apprenticeship and training programs applicable to the work to be performed on the project, which are approved by and registered with the United States Department of Labor’s Office of Apprenticeship, or its successor organizations. Yes [ ] No [ ]

Describe supporting documentation attached (e.g. Standards of Apprenticeship, Apprenticeship Agreement):

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**Safety & Health Activities**

Contractor provides information regarding its safety and health activities and programs, including:

Contractor’s written safety policy statement signed by company representative  
Yes [ ] No [ ]

Completed copies of OSHA 300A Summary of Work-related Injury & Illness Logs for the past three years  
N/A [ ] Yes [ ] No [ ]

*If “N/A,” provide explanation:*

Current year to date OSHA 300 Log of Work-Related Injuries  
*If “N/A,” provide explanation:* N/A [ ] Yes [ ] No [ ]

**Subcontractors**

Contractor disclosed the name and address of each subcontractor for whom the contractor has accepted a bid and/or intends to hire on any part of the project (Form A). Yes [ ] No [ ]

Contractor provided this *Affidavit of Compliance* to all of the above-referenced subcontractors. Yes [ ] No [ ]

**Local Bidder or Contiguous Boundary Credit**

Contractor is claiming local bidder credit with proof of being a local bidder. Yes [ ] No [ ]

Contractor is claiming contiguous boundary credit with proof of being a contiguous boundary bidder.

Yes [ ] No [ ]

Describe supporting documentation attached:

**Local Workforce Credit**

Contractor is claiming a local workforce credit with proof that 25% of workforce is drawn from county or counties contiguous to the county where the work is to be performed. Yes [ ] No [ ]

Describe supporting documentation attached:

**Documentation Attached** (Contractor must initial next to each item):

\_\_\_\_\_ **Form A:** Name and address of subcontractors from whom Contractor has accepted a bid or intends to hire to perform work on any part of the project.

**NOTE:** All subcontractors shall complete and submit an Affidavit of Compliance no later than the date and time of the contract award.

\_\_\_\_\_ **Form B:** List of individuals who will perform work on the project on behalf of the Contractor, verifying that each individual is properly classified as an employee or independent contractor. Contractor also verifies that all Contractor's employees are covered under a current workers' compensation policy, properly classified under the workers' compensation policy.

\_\_\_\_\_ **Form C** Additional Information (if required)

\_\_\_\_\_ **Certificate of Good Standing**  
(or other evidence of compliance with laws pre-requisite to doing business in the state)

\_\_\_\_\_ **Iowa Department of Revenue Registration**

\_\_\_\_\_ **Iowa Workforce Development Board Registration**

\_\_\_\_\_ **Standards of Apprenticeship/Apprentice Agreements**

\_\_\_\_\_ **Written Plan for Employee Drug Testing** (or applicable provision from CBA in effect)

\_\_\_\_\_ **Written Safety Policy Statement signed by company representative**

\_\_\_\_\_ **OSHA Form 300A Summary of Work-Related Injuries & Illnesses for the past 3 years**

\_\_\_\_\_ **Current year-to-date OSHA Form 300 Log of Work-Related Injuries and Illnesses**

\_\_\_\_\_ **Workers' Compensation Coverage**

\_\_\_\_\_ **Professional or Trade Licenses**

\_\_\_\_\_ **Local Bidder Credit documentation, if applicable**

\_\_\_\_\_ **Local Workforce Credit documentation, if applicable**







**Form C**

**Additional Information Required**

If required in the bid specifications, Contractor shall complete items I and/or II below:

I. Statement of past three (3) years experience on public construction projects.

<b>Public Body/ Project Name/Year</b>	<b>Reference Name/ Phone #</b>	<b>Original Price/ Final price</b>	<b>Subcontractors</b>

II. 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.

<b>Date</b>	<b>Law</b>	<b>Determination</b>	<b>Penalty</b>

**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 bidder.

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Name of Authorized Officer (Print or Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

State of Iowa  
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 Iowa  
County of \_\_\_\_\_

Subscribed and sworn to  
before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public Signature & Seal