# RESPONSIBLE BIDDER DETERMINATION – PUBLIC BODY CHECKLIST

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<th>Project:</th>
<th>Contract Number:</th>
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<td>Business Name:</td>
<td>Business Address:</td>
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<td>Contact Person:</td>
<td>Phone:</td>
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<td>Fax:</td>
<td>E-mail:</td>
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A. Copy of Indiana Secretary of State online records: Yes [ ] No [ ]  
B. List of former business names: N/A [ ] Yes [ ] No [ ]  
C. Disclosure of violations of federal/state/local laws: N/A [ ] Yes [ ] No [ ]  
D. Description of staffing capabilities including labor sources: Yes [ ] No [ ]  
E. Proof of (i) participation in applicable registered apprenticeship programs and (ii) evidence that each program has met the RBO graduation requirement: Yes [ ] No [ ]  
F. Written employee drug testing plan that meets or exceeds the requirements of state law: Yes [ ] No [ ]  
G. Name and description of project managers and superintendents relevant experience: Yes [ ] No [ ]  
H. Proof of required professional or trade licenses: N/A [ ] Yes [ ] No [ ]  
I. Evidence of approved surety bonding: Yes [ ] No [ ]  
J. Disclosure of tax liens or delinquencies in last 5 years: N/A [ ] Yes [ ] No [ ]  
K. Employee classification statement: Yes [ ] No [ ]  
L. List of similar Indiana projects completed in last 3 years: Yes [ ] No [ ]  
M. If the contract is estimated over $300,000, evidence that bidder is prequalified by the State of Indiana: N/A [ ] Yes [ ] No [ ]  
N. Disclosure of subcontractors: N/A [ ] Yes [ ] No [ ]
The bidder and all subcontractors shall complete this Contractor Affidavit of Compliance (“Affidavit”) and provide supporting documentation as required by An Ordinance to Establish Responsible Bidding Practices and Submission Requirements on Public Works Projects. Bidder must submit this Affidavit and all supporting documentation with its bid. Bidder shall also be responsible for providing this Affidavit to all subcontractors who will perform work on the project. All subcontractor Affidavits and supporting documentation must be submitted to the public body prior to the subcontractor’s first day of work on the project.

For the remainder of this Affidavit, “Contractor” refers to the bidder and subcontractors of any tier. 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 the contract awarded to the Contractor, and the Contractor shall comply with these certifications during the term and/or performance of the contract.

The undersigned ___________________________, as ______________________ and on behalf of ____________________________________ having been duly sworn under oath certifies that:

BUSINESS ORGANIZATION

The form of business organization of the Contractor is (check one):

__ Sole Proprietor or Partnership
__ Corporation

__ LLC
__ Independent Contractor (Individual)

Authorization to do business in the State of Indiana:       Yes [ ] No [ ]

Attach Indiana Secretary of State online records dated within 60 days of bid (if corporation or LLC): N/A [ ] Yes [ ] No [ ]

List all former business names:____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
DISCLOSURE OF VIOLATIONS OF LAWS

List any determinations by a court or governmental agency of 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.

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<th>Date</th>
<th>Law</th>
<th>Determination</th>
<th>Penalty</th>
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STAFFING CAPABILITIES

Provide a statement and description of Contractor’s staffing capabilities, including labor sources:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

REGISTERED APPRENTICESHIP PROGRAMS

Contractor participates in apprenticeship training programs approved by and registered with the United States Department of Labor applicable to each trade it will perform on the project. Further, each program meets the RBO graduation requirement that a program must have graduated at least five (5) apprentices in each of the past five (5) years:

Yes [ ] No [ ]

Describe below and attach documentation to evidence Contractor’s participation in applicable registered programs. Also attach evidence that each program meets the graduation requirement:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Contractor Affidavit of Compliance (Rev. April 2020)
Contract No. _________
Apprenticeship Standards and/or Apprenticeship Participation Agreement provided for all trades to be performed on the project: Yes [ ] No [ ]

Documentation provided that each program meets graduation requirement: Yes [ ] No [ ]

**DRUG TESTING PLAN**

Contractor has a written plan for employee drug testing or is party to a collective bargaining agreement that establishes an employee drug testing program consistent with Indiana Codes 4-13-18-5 and 4-13-18-6. Yes [ ] No [ ]

Copy of plan or applicable CBA provision is attached: Yes [ ] No [ ]

**MANAGEMENT EXPERIENCE**

Attach the names and resume information, or description of the management experience, of each of the Contractor’s project managers and superintendents who will be assigned to the project. Yes [ ] No [ ]

**PROFESSIONAL OR TRADE LICENSES**

Contractor possesses all applicable professional and trade licenses required for performing the work. If yes, list below. N/A [ ] Yes [ ] No [ ]

<table>
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<tr>
<th>License</th>
<th>Number</th>
<th>Date Issued</th>
<th>Current Expiration</th>
<th>Holder of License</th>
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If any of the above license(s) have been revoked or suspended, state the date and reason for suspension/revocation:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**SURETY BOND**

Contractor is utilizing a surety company on the United States Department of Treasury’s Listing of Approved Sureties. If yes, attach a copy of plan or applicable CBA provision. Yes [ ] No [ ]
TAX LIENS OR DELINQUENCIES
Contractor provides 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. If yes, describe the lien/delinquency and resolution: ___________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

EMPLOYEE CLASSIFICATION
Provide a written statement attesting that individuals who will perform work on the project will be properly classified as either an employee or an independent contractor under all applicable state and federal laws and local ordinances: __________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

PROJECT EXPERIENCE
Provide a listing and description of similar projects the Contractor has performed in Indiana in the last three (3) years:______________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

STATE OF INDIANA PREQUALIFICATION
If the contract is estimated to cost over $300,000 evidence that the Contractor possesses current prequalification from the Indiana Department of Transportation or the Indiana Department of Administration is attached: Yes [ ] No [ ]

SUBCONTRACTOR DISCLOSURE
The completed Form A, which discloses the name, address, and type of work for each subcontractor the bidder intends to hire on any part of the project, is attached: Yes [ ] No [ ]
Contractor has provided this Contractor Affidavit of Compliance to all subcontractors and instructed them that it must be completed and received by the public body before they may commence work. Yes [ ] No [ ]

Contractor Affidavit of Compliance (Rev. April 2020)
Contract No. __________
SUMMARY OF ATTACHED DOCUMENTATION (INITIAL EACH ITEM)

_____ Indiana Secretary of State online records
_____ Evidence of participation is applicable registered apprenticeship programs
_____ Evidence that each apprenticeship program meets RBO graduation requirement
_____ Employee drug testing plan (or applicable CBA provision)
_____ Name and description of project managers and superintendents management experience
_____ Evidence of approved surety (or applicable CBA provision)
_____ Proof of State of Indiana contractor prequalification
_____ Form A: Disclosure of subcontractors
FORM A – SUBCONTRACTORS PERFORMING WORK ON THE PROJECT

Bidder shall submit this completed form to the public body at the time of bid.

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<th>Name</th>
<th>Address</th>
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BIDDER VERIFICATION

I certify that I am authorized to execute this Contractor 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 provided 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 nonresponsible bidder.

___________________________________
Signature of Authorized Officer

___________________________________
Name of Authorized Officer (Print or Type)

___________________________________
Title

___________________________________
Telephone Number

___________________________________
E-mail Address

State of Indiana
County of _________________

Subscribed and sworn to
before me this _____ day of
____________________, 2020.

___________________________________
Notary Public Signature & Seal
SUBCONTRACTOR VERIFICATION

I certify that I am authorized to execute this Contractor 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 provided 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

___________________________________
E-mail address

State of Indiana
County of _________________

Subscribed and sworn to
before me this _____ day of
______________________, 2020.

__________________________
Notary Public Signature & Seal