

RESPONSE CERTIFICATION

By Signing and Submitting this Response, the Company/Firm certifies that:

- a. It is under no legal prohibition to contract with the City of Clarkston.
- b. It has read, understands, and is in compliance with the specifications, terms and conditions stated herein, as well as its attachments, and any referenced documents.
- c. It has no known, undisclosed conflicts of interest.
- d. No offer of gifts, payments, or other consideration were made to any City employee, officer, elected official, or consultant who has or may have had a role in the procurement process for the services and/or goods/materials covered by this agreement/contract.
- e. It understands the City of Clarkston may copy all parts of this response, including without limitation any documents and/or materials copyrighted by the respondent, for internal use in evaluating respondent's offer, or in response to a public/open records request pursuant to Georgia Code and/or Federal Freedom of Information Act.
- f. Respondent hereby warrants to the City that the respondent and each of its subcontractors will comply with, and are contractually obligated to comply with all Federal Immigration Laws and regulations that related to their employees.
- g. Respondent certifies that they have not been debarred by any Federal or public agency.
- h. It is current on any and all obligations due the City.
- i. It will accept such terms and conditions in a resulting agreement/contract if awarded by the City.
- j. The signatory is an officer or duly authorized agent of respondent with full power and authority to submit binding offers for the services specified herein.

ACCEPTED AND AGREED TO:

Company Name:
Signature:
Printed Name:
Title:
Date:

BIDDER INFORMATION			
Company Name:			
Company Address:			
Authorized By (typed or printed name):			
Title:			
Authorized Signature:	Date:		
Telephone Number:			
Fax Number :			
Email Address:			
Company's Web Page:			

REM	ITTANCE IN	FORMATION	N (where pa	ayments sl	hould be sent)
Remit to Name:					
Remit to Address:					
City:		State:	Zip:		County:
Phone:]	Fax:		Toll Free	2:
Contact:		E	mail:		
Tax ID: SSN		Federal Tax I	D		
Business Type: 📮 Indi	vidual 🗆 B	Business	\Box Misc.		

PURCHASE ORDER I	INFORMATI	ON (where p	urchase or	ders should be sent)
Purchase Order Name:				
Purchase Order Address:				
City:	State:	Zip:		County:
Phone:	Fax:		Toll Free	2:
Contact:		Email:		
Payment Terms: Discount% N	lo. Days	Net Due		
Freight Terms: Ship Via:	FOB			

MBE/DBE/WBE STATUS (check appropriate box(es))				
African American	Hispanic	Native American	□ Asian American	
Disabled	Veteran	□ Woman-Owned	□ Not-Applicable	

BIDDER QUALIFICATION FORM

Company Name:			
Address:			
When Organized:	_ Where Incorporated	·	
How many years have you engaged	in business under the pre-	sent firm name?	
Credit available for this contract?			
Contracts now in hand?			
Has bidder ever refused to execute a	a contract at the original b	id amount?	
Has bidder ever been declared in de	fault on a contract?		
Comments:			
Company Name:			
Authorized By (typed name):			
Authorized Signature:			
Title:			
	References		
Following is a reference list of cont	racts that are similar to thi	is project:	
NAME OF PROJECT/DATE	LOCATION	CONTACT	PHONE #
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE			
DAY OF, 20	02 My Commissio	on Expires:	
	[NOTARY SE	AL]	
Notary Public		-	

LIST OF SUB-CONTRACTORS

I do \square , do not \square , propose to sub-contract some of the work on this project. I propose to sub-contract work to the following contractors.

NAME/ADDRESS	TYPE OF WORK	% of Contract

Contractor Name

BIDDER MINORITY PARTICIPATION GOAL (Attach additional pages if required.)

I do \square , do not \square , propose to employ the minority sub-contractors as listed below on some of the work on this project.

NAME/ADDRESS	TYPE OF WORK	% of Contract

Contractor Name

Attachment "A" Required Submission Documents

FINANCIAL & LEGAL STABILITY STATEMENT

Please check appropriate item(s):

□ Firm has the financial capability to undertake the work and assume the liability required if awarded this solicitation.

Firm has the legal capability to undertake the work and assume the responsibilities required if awarded this solicitation.
 Pending litigations (if any) will not affect the firm's ability to perform on this contract, if awarded.

Company Name:		
Authorized By (typed name):		
Authorized Signature:		
Title:		Date:
SUBSCRIBED AND SWORN		
BEFORE ME ON THIS THE		
DAY OF	, 202	My Commission Expires:
		[NOTARY SEAL]

Notary Public

Attachment "A" Required Submission Documents

INSURABILITY STATEMENT

Please check appropriate item(s):

□ By submission of this form, this firm confirms the ability to acquire and maintain the required levels of insurance as outlined in the bid document. It is the understanding of this firm that proof of Insurance must be provided prior to contract execution and maintained throughout the entire term of the contract.

Company Name:		-
Authorized By (typed name):		
Authorized Signature:		
Title:		Date:
SUBSCRIBED AND SWORN		
BEFORE ME ON THIS THE		
DAY OF	, 202	My Commission Expires:
		[NOTARY SEAL]
Notary Public		



where possibilities grow

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contract No. and Name:

Name of Contracting Entity: _____

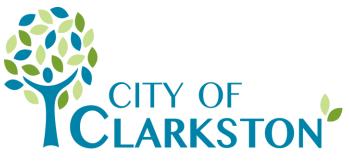
By executing this affidavit, the undersigned person or entity verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with Bibb County has registered with, is authorized to participate in, and is participating in the federal work authorization program commonly known as E-Verify,* in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91.

The undersigned person or entity further agrees that it will continue to use the federal work authorization program throughout the contract period, and it will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the undersigned with the information required by O.C.G.A. § 13-10-91(b).

The undersigned person or entity further agrees to maintain records of such compliance and provide a copy of each such verification to City of Clarkston at the time the subcontractor(s) is retained to perform such service.

	\square Check if exempt
EEV/E-Verify TM User Identification Number	Date of Authorization
By: Authorized Officer or Agent (Name of Person or Entity)	Date
Title of Authorized Officer or Agent	Printed Name of Authorized Officer or Agent
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE	
DAY OF, 201	My Commission Expires:
	[NOTARY SEAL]
Notary Public	

* or any subsequent replacement operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603.



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City of Clarkston 1055 Rowland Street Clarkston, Georgia 30021 Tel: (404) 296-6489

CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY AND VOLUNTARY EXCLUSION

The Bidder/offer certifies, by submission of this Proposal or acceptance of this contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded from participation in this transaction by any Federal department or agency. It further agrees by submitting this proposal that it will include this clause without modification in all lower tier, transactions, proposals, contracts, and subcontracts. Where the Bidder/offeror or any lower tier participant is unable to certify to this statement, it shall attach an explanation of this solicitation/proposal.

Dated at this _____day of _____, 2020.

Signature of Contractor: _____

Title:_____

For City of Clarkston Personnel Only:

City of Clarkston Finance Department will verify that the above bidder/offer certifies, by submission of this Proposal or acceptance of this contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded from participation in this transaction by any Federal department or agency.

Signature of Finance Director	Date
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Printed Name_____

NON COLLUSION AFFIDAVIT

Date:	
Project:	City of Clarkston
Project #:	
Project	
Description:	
Services Provided:	General Contracting
State of:	Georgia
County of:	DeKalb

,_____having first been duly sworn, deposes and states as

follows:

I am the party making the foregoing Proposal or Bid; that such Proposal or Bid is genuine and not collusive or sham; that said Proposer or Bidder has not colluded, conspired, connived, or agreed, directly or indirectly, with any Proposer or Bidder or person, to put in a sham Proposal or Bid, or that such other person refrain from proposing or bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the Proposal Fee or Bid Price of affiant or any other Proposer or Bidder, or to fix any overhead, profit or cost element of said Proposal Fee or Bid Price, or that of any other Proposer or Bidder, or to secure any advantage against City of Clarkston, Georgia or any person interested in the proposer or Bidder has not directly or indirectly submitted this Proposal or Bid, or the contents thereof, or divulged information or data relative thereto to any association or to any member or agent thereof.

Contractor:

(Signature)

(Seal)