

Responsible Bidder Affidavit of Compliance

**COMPLETION OF THIS FORM IS REQUIRED BY
CONTRACTOR
AND ALL SUB-CONTRACTORS**

Project: _____

Contract Number: _____

Business Name: _____

Business

Address: _____

Contact

Person: _____

Phone: _____

Fax: _____ **E-mail:** _____

Contractor and all subcontractors shall complete this Affidavit of Compliance (“Affidavit”) and submit supporting documentation as required pursuant to *An Ordinance Establishing Responsible Bidder Requirements on Public Works Projects (Sec. 1-8-2(S))*. Contractor and all subcontractors must submit this Affidavit and all related evidence with its bid. Contractor shall be responsible for providing this Affidavit to all subcontractors who will perform work on the project. Failure to comply with all submission requirements may result in a determination that the Contractor is not a responsible bidder.

For the remainder of this Affidavit, “Contractor” refers to the general Contractor and all subcontractors. Each item must be answered. If the 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)
of _____ having been duly sworn under oath certifies that:
(Contractor)

Business Organization

The form of business organization of the Contractor is (indicate the state and date of incorporation if applicable): _____

Are you Authorized to do business in the State of Illinois: Yes [__] No [__]

Attach copy of the Office of the Secretary of State of Illinois, Department of Business Services Certificate of Good Standing.

Federal Employer I.D. # or SSN (if an individual or sole proprietor): _____

The Contractor, agent, partner, employee, or officer of the Contractor, is not debarred, suspended, proposed for debarment, or declared ineligible from Contracting with any unit of state or local government. (“Yes” indicates the above statement is correct):

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 on the Bidder’s Key Personnel & Subcontractor Form: Yes No
- Contractor provided this *Affidavit of Compliance* to all of the above-referenced subcontractors. Yes No

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

I.D.H.R. #: _____ Expiration Date: _____

Prevailing Wage Compliance

- Contractor has reviewed the applicable prevailing wage laws (including the Illinois Prevailing Wage Act, and federal Davis-Bacon Act), will strictly comply with applicable prevailing wage laws, and will pay the applicable prevailing wage rates: Yes No
- Contractor has not been found by the Illinois Department of Labor to be in violation of the Illinois Prevailing Wage Act more than once within the past three year period:

Yes No

“Yes” indicates compliance with the Act. If the above answer is “No,” list the date(s) of the Department’s finding of a violation:

Participation in Approved Apprenticeship Program(s)

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

Attach supporting documentation (e.g. Verification letter of signatory Contractor, United States Department of Labor’s Office of Apprenticeship Certification of Registration, Standards of Apprenticeship, Apprenticeship Agreement).

Substance Abuse

Contractor complies with the Illinois Substance Abuse Prevention on Public Works Projects Act by:

- Having a written substance abuse program in effect for its employees that meets or exceeds the requirements of the Act: Yes No or:
- Having signed a collective bargaining agreement that deals with the subject matter of the Act and that currently is in effect: Yes No

Workers' Compensation

Contractor's employees who will perform work on the project are properly classified and covered under a current workers' compensation policy: Yes [] No []

Employee Benefits

• Contractor's employees who will perform work on the project are covered by a health and welfare plan: Yes [] No []

• Contractor's employees who will perform work on the project are covered by a retirement plan: Yes [] No []

I certify that I am authorized to execute this Affidavit of Compliance on behalf of the Contractor set forth on the first page of this Affidavit, 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 Illinois
County of _____
Subscribed and sworn to
before me this ____ day of
_____, 20____.

Notary Public Signature & Seal