

Responsible & Responsive Bidder - Affidavit of Compliance

To be completed by Contractor/Subcontractor

Project: _____ **Contract Number:** _____
Business Name: _____
Business Address: _____
Contact Person: _____ **Phone:** _____
Fax: _____ **E-mail:** _____

For Office Use Only

Indiana Secretary of State Online records	Yes <input type="checkbox"/> No <input type="checkbox"/>
Federal FEIN or SS#	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registered with the Indiana Department of Revenue	Yes <input type="checkbox"/> No <input type="checkbox"/>
Compliance with Equal Opportunity Employer provisions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evidence of participation in applicable apprenticeship program(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Written plan for employee drug testing or certification that employee drug testing is established under a collective bargaining agreement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Statement of past compliance with the Common Construction Wage law and agreement to pay common construction wage rates on this project	Yes <input type="checkbox"/> No <input type="checkbox"/>
Documents evidencing bidder's safety & health activities	Yes <input type="checkbox"/> No <input type="checkbox"/>
Verification that individuals are properly classified as employees or independent contractors	Yes <input type="checkbox"/> No <input type="checkbox"/>
Verification that employees are properly classified and evidence of worker's compensation coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification of Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Declaration Page (if applicable)	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Required professional or trade licenses:	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Disclosure of any federal, state, or local claim for unpaid compensation to bidder's employees filed against the bidder in the last 5 years	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 applicable):

Form 96 N/A Yes No

Violations of federal/state/local laws N/A 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 []

Common Construction Wage Compliance

Contractor shall comply with all provisions of the Common Construction Wage law and federal Davis-Bacon and related Acts, and all rules and regulations therein. Yes [] No []

Contractor has reviewed the applicable prevailing wage law, including the Common Construction Wage law and federal Davis-Bacon and related Acts. 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, including date of violation and date/method of remedy: _____

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. Apprenticeship Standards or applicable provision from multi-employer program documents): _____

Apprenticeship Standards and Apprenticeship Agreement provided for any apprentice(s) performing work on the project: N/A [] Yes [] No []

Drug Testing

Contractor has a written plan for employee drug testing; Yes [] No []

OR

Contractor has signed a collective bargaining agreement that establishes an employee drug testing program. Yes [] No []

Safety & Health Activities

Contractor has documents evidencing bidder's safety and health activities, e.g. a written safety policy statement or plan Yes [] No []

Employee Classification

Contractor'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. Yes [] No []

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 unpaid compensation (wages and/or fringe benefits) to bidder's employees filed against the bidder in the last five 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 delinquencies against the contractor or any officers of the contractor in the last five (5) years Yes [] No []

If "yes," describe lien/delinquencies and resolution: _____

Subcontractors

Contractor shall disclose the name, address and type of work for each first-tier subcontractor from whom the contractor has accepted a bid and/or intends to hire on any part of the project 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 subcontractors. 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

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

_____ **Indiana Secretary of State online records**

_____ **Indiana Department of Revenue registration**

_____ **Standards of Apprenticeship/Apprentice Agreements**

_____ **Employee Drug Testing Plan** (or applicable provision from CBA in effect)

_____ **Safety and Health Activities**

_____ **Worker's Compensation Coverage**

_____ **Professional 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.

NOTE: All of the prime contractor's first-tier subcontractors shall complete and submit an Affidavit of Compliance to the prime contractor no later than the date of the subcontractor's first application for payment for work on the public work project. Prime contractor shall submit all subcontractor information to the public body.

Additional Criteria (if required in bid specifications, otherwise indicate "n/a")

_____ **Form 96 – Contractor's Bid for Public Work**

_____ **Violations of federal, state or local law**

Credit toward bid award (if applicable, otherwise indicate "n/a")

_____ **Secretary of State registration**

_____ **Sales tax**

_____ **Local workforce**

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