

RESPONSIBLE BIDDER DETERMINATION – PUBLIC BODY CHECKLIST

Project: _____ **Contract Number:** _____

Business Name: _____
Business Address: _____

Contact Person: _____ **Phone:** _____
Fax: _____ **E-mail:** _____

- 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
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

RESPONSIBLE BIDDER – CONTRACTOR AFFIDAVIT OF COMPLIANCE

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 _____ (Name) (Title) (Contractor) having been duly sworn under oath certifies that:

BUSINESS ORGANIZATION

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

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietor or Partnership | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> 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.

Date	Law	Determination	Penalty

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: _____

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

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: _____

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: _____

Yes [] No []

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: _____

Yes [] No []

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 []

SUMMARY OF ATTACHED DOCUMENTATION (INITIAL EACH ITEM)

- _____ Indiana Secretary of State online records
- _____ Evidence of participation in 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.

Name	Address	Work to be Performed

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

State of Indiana
County of _____

E-mail Address

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

State of Indiana
County of _____

E-mail address

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

Notary Public Signature & Seal