

ATTACHMENTS

(NOTE: Some of the Attached documents will need to be returned along with your proposal, be sure these forms are executed, and notarized if required. Other documents included are for information purposes only)

1.0 LIST OF ATTACHMENTS

| ATTACHMENT IDENTIFIER | ATTACHMENT NAME | ATTACHMENT ACTION STEP |
|------------------------------|--|---|
| Attachment A | Form of Proposal | Submit with Proposal under “Tab 1” |
| Attachment B | Profile of Firm | Submit with Proposal under “Tab 2” |
| Attachment C | E-Verify Information | Information Only |
| Attachment C-1 | E-Verify Certification Affidavits | Submit with Proposal under “Tab 7” |
| Attachment D | General Conditions | Information Only |
| Attachment E | Non-Collusive Affidavit | Submit with Proposal under “Tab 6” |
| Attachment F | Company Hiring Policy Form | Submit with Proposal under “Tab 9” |
| Attachment G | Certification of a Drug-Free Workplace Form | Submit with Proposal under “Tab 9” |
| Attachment H | Certification Concerning EEO Form | Submit with Proposal under “Tab 8” |
| Attachment I | Price Proposal - <i>Separate attachment not included in this document</i> | Submit with Proposal under “Tab 4” |

ATTACHMENT “A”

Form of Proposal

(NOTE: This form will be placed under “TAB 1” of your hard copy original)

1.1 ATTACHMENT A – Form of Proposal

Instructions

Unless otherwise specifically required, the items listed below must be completed and included in the proposal submittal. Please complete this form by marking “X” in the first column to confirm that the referenced completed information has been included with the “hard copy” original.

NOTE: This form will be placed under “**TAB 1**” of your hard copy original. Please prepare **(3)** additional copies of the original for a total of **(4)** proposals that are to be submitted.

| “X” ITEM IS INCLUDED | TAB DIVIDER NUMBER | FORM NAME OR DETAILS OF INFORMATION TO BE SUBMITTED | ATTACHMENT IDENTIFIER |
|----------------------------|--------------------------|--|--------------------------|
| | Tab 1 | Form of Proposal | A – this form |
| | Tab 2 | Profile of Firm Form | B |
| | Tab 3 | Statement of Qualifications – <i>See Section 6.1.4 for details</i> | N/A |
| | Tab 4 | Price Proposal | I |
| | Tab 5 | Client Information/References – <i>See Section 6.1.6 for details</i> | N/A |
| | Tab 6 | Form of Non-Collusive Affidavit | E |
| | Tab 7 | E-Verify Affidavit Forms | C-1 |
| | Tab 8 | Certification Concerning EEO Form | H |
| | Tab 9 | Company Hiring Policy | F |
| | | Certification of a Drug Free Workplace | G |

PROPOSER’S STATEMENT

The undersigned proposer hereby states that by completing and submitting this form and all other documents within this proposal submittal, he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and that if HAFC discovers that any information entered herein to be false, that shall entitle HAFC to not consider or make award or to cancel any award with the undersigned party. Further, by completing and submitting the proposal submittal, and by entering and submitting the undersigned proposer is thereby agreeing to abide by all terms and conditions pertaining to this RFP as issued by HAFC via the hard copy original, and by executing all forms provided. Pursuant to all RFP Documents, this Form of Proposal, and all attachments, and pursuant to all completed documents submitted, the undersigned proposes to supply HAFC with the services described herein for the fees entered within the areas provided pertaining to this RFP.

 Signature

 Printed Name

 Company

 Date

ATTACHMENT “B”

Profile of Firm Form

(NOTE: This form must be fully completed and placed under **“TAB 2”** of your hard copy original)

1.2 ATTACHMENT B – Profile of Firm Form

NOTE:

- This form will be placed under “**TAB 2**” of your hard copy original.
- Each contractor and sub-contractor must complete this form

PRIME or SUB-CONTRACTOR: _____

NAME OF FIRM: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

1) Company Information:

- Please attach a brief biography/resume of the company, including the following information:
 - Year Firm was established.
 - Year Firm was established in [Jurisdiction]
 - Former Name and year Established (if applicable)
- Name of Parent Company and Date Acquired (if applicable)

2) Principals / Partners

- List the name, title, and percentage of ownership for the Principals / Partners in the Firm in the table below.
- Please submit under **Tab No. 2** a brief professional resume for each):

| NAME | TITLE | % OF OWNERSHIP |
|------|-------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

ATTACHMENT "B" PROFILE OF FIRM FORM (continued)

3) Project Manager / Supervisory Personnel

- List below the individual(s) or supervisory personnel that will work on the project.
- Please submit under **Tab No. 2** a brief resume for each (do not duplicate any resumes for the individuals provided above in Step No. 2).

| NAME | TITLE |
|------|-------|
| | |
| | |
| | |

4) Proposer Diversity Statement

- You must select all the following that apply to the ownership of this firm and enter where provided the correct percentage of ownership for each category:

- Caucasian American (Male)** _____%
- Public Held Corporation** _____%
- Government Agency** _____%
- Non-Profit Organization** _____%
- Resident (RBE), Minority (MBE), or Woman-Owned (WBE) Business Enterprise** _____%
 - Resident-Owned _____%
 - African American _____%
 - Native American _____%
 - Hispanic American _____%
 - Asian/Pacific American _____%
 - Hasidic Jew _____%
 - Asian/Indian American _____%
 - Woman-Owned _____%
 - Woman-Owned (Caucasian) _____%
 - Disabled Veteran _____%
 - Other (Specify): _____%

[Type here]

[Type here]

[Type here]

WMBE Certification Number _____

- Certified by (Agency): _____
- **NOTE:** A Certification Number Not Required to Propose, enter if available

- 5) **Federal Tax ID Number:** _____
- 6) **Business License Number [Appropriate Jurisdiction:** _____
- 7) **State of (list state) License Type and Number:** _____
- 8) **Worker’s Compensation Insurance Carrier:** _____

- a. **Policy Number:** _____
- b. **Expiration Date:** _____

- 9) **General Liability Insurance Carrier:** _____

- a. **Policy Number:** _____
- b. **Expiration Date:** _____

- 10) **Professional Liability Insurance Carrier:** _____

- a. **Policy Number:** _____
- b. **Expiration Date:** _____

11) Debarred Statement

Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of Georgia, or any local government agency within or outside the State of Georgia?

YES or **NO**

12) Disclosure Statement

Does this firm or any principals thereof have any current, past, personal, or professional relationship with any Commissioner or Officer of the Housing Authority of Fulton County?

YES or **NO**

13) Non-Collusive Affidavit

The undersigned party submitting this proposal hereby certifies that such proposal is genuine and not collusive and that said proposer entity has not colluded, conspired, connived, or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal or to refrain from proposing 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 price, or that of any other proposer or to secure any advantage against the Housing Authority of Fulton County or any person interested in the proposed contract; and that all statements in said proposal are true.

ATTACHMENT "B" PROFILE OF FIRM FORM (continued)

14) Verification Statement

The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if Housing Authority of Fulton County discovers that any information entered herein is false, that shall entitle Housing Authority of Fulton County to not consider nor make award or to cancel any award with the undersigned party.

Printed Name of Owner/Representative

Signature of Owner/Representative

Date

Name of Firm/Company

ATTACHMENT “C”

E-Verify Compliance Information

(NOTE: This form is for **INFORMATIONAL** purposes only and will not be included as part of the proposal submittal)

1.3 ATTACHMENT C – E-Verify Compliance Information

E-Verify is an internet-based system to help employers determine if an employee is eligible to work in the United States. E-Verify is currently free to employers and is available in all 50 states. All contractors that will be working on Housing Authority of Fulton County projects must enroll in E-Verify. Please go to the following website: <https://www.uscis.gov/e-verify>. An E-Verify affidavit must be completed and submitted with the bid proposal.

Please be advised that based on current regulation, our contractors are only required to use E-Verify for **NEW HIRES ONLY** working on our jobsite or properties and not to check people that are currently employed by you. Contractors do have the responsibility to have this same policy/program in place with their lower-tier subs. These policy/procedures may change at any time based on changing laws and regulations.

1.3.1 E-Verify Contact Information

- **For Employers:**
 - Phone Number: 888-464-4218
 - TTY Number: 877-875-6028
 - Email Address: E-Verify@dhs.gov
- **For E-Verify Employer Agents:**
 - Phone Number: 888-464-4218
 - TTY Number: 877-875-6028
 - Email Address: E-VerifyEmployerAgent@dhs.gov
- **For Employees:**
 - Phone Number: 888-897-7781
 - TTY Number: 877-875-6028
 - Email Address: E-Verify@dhs.gov
- They are available Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET, except when the federal government is closed.
- For customers with hearing and speech impairment, the TTY phone is available Monday through Friday, from 8:00 a.m. to 5:00 p.m. ET, except when the federal government is closed.
- The normal response time for e-mail inquiries is two federal government workdays. If more time is needed to respond to the inquiry, you will be contacted within two federal government workdays to explain the need for additional time to respond and an estimated response time.

ATTACHMENT “D”

E-Verify Affidavit Forms

(NOTE: Any of the applicable affidavit forms will be placed under **“TAB 7”** of your hard copy original)

**1.4 ATTACHMENT C-1 – E-Verify Affidavit Form – Contractor
Contractor Affidavit under O.C.G.A § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is engaged in the physical performance of services on behalf of (Name of Public Employer) has registered with, is authorized to and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

| | |
|---|--|
| Federal Work Authorization Number User Identification Number | |
| Date of Authorization | |
| Name of Contractor | |
| Name of Project | |
| Name of Public Employer | |

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on:

_____ in _____
Day Month Year City State

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE _____ DAY OF _____, 202_____

Notary Public

My Commission Expires: _____

1.5 ATTACHMENT C-1 – E-Verify Affidavit Form – Subcontractor Contractor Affidavit under O.C.G.A § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (Name of Contractor) on behalf of (Name of Public Employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontract has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, an identification number and date of authorization are as follows:

| | |
|---|--|
| Federal Work Authorization Number User Identification Number | |
| Date of Authorization | |
| Name of Subcontractor | |
| Name of Project | |
| Name of Public Employer | |

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____ in _____, _____
Day Month Year City State

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE _____ DAY OF _____, 202_____

Notary Public

[Type here]

[Type here]

[Type here]

My Commission Expires: _____

1.6 ATTACHMENT C-1 – E-Verify Affidavit Form – Sub-Subcontractor Contractor Affidavit under O.C.G.A § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (Name of Contractor) on behalf of (Name of Public Employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontract has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, an identification number and date of authorization are as follows:

| | |
|---|--|
| Federal Work Authorization Number User Identification Number | |
| Date of Authorization | |
| Name of Subcontractor | |
| Name of Project | |
| Name of Public Employer | |

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____ in _____, _____
Day Month Year City State

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE _____ DAY OF _____, 202_____

Notary Public

[Type here]

[Type here]

[Type here]

My Commission Expires: _____

**1.7 ATTACHMENT C-1 – E-Verify Affidavit
O.C.G.A. § 50-36-1(e)(2)(f)(1) Affidavit**

By executing this affidavit under oath, as an applicant for a(n)

[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from

[*name of government entity*], the undersigned applicant verifies one of the following with respect to any application for a public benefit:

1. I am a United States citizen
2. I am a legal permanent resident of the United States
3. I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other Federal Immigration Agency.
4. My alien number issued by the Department of Homeland Security or Other Federal Immigration Agency is: _____

Alien Number

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by

O.C.G.A. §50-36-1(e)(1)(f)(1)(A), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: _____

Name of Document provided

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed on _____, _____ in _____, _____
Day Month Year City State

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE _____ DAY OF _____, 202_____

Notary Public

[Type here]

[Type here]

[Type here]

My Commission Expires: _____

1.8 ATTACHMENT D – General Conditions

Definitions – Whenever used in any of the Contract Documents, the following meanings shall be given to the terms herein defined:

1. The term **“Contract”** means the Contract executed by the Local Public Housing Agency and the Contractor, of which these General Conditions and General Specifications form a part.
2. The term **“Authority”** or **“Local Public Housing Agency”** means Housing Authority of Fulton County who is authorized to undertake this contract.
3. The term **“Contractor”** means the person, firm or corporation entering the Contract with the Local Public Housing Agency to perform the work embraced in this Contract.
4. The term **“Project Area”** means the site.
5. The term **“Local Government”** means the City of Decatur, Georgia, within which the site is situated.
6. The term **“Contract Documents”** means and shall include all documents in the Bid package consists of the Bid documents, drawings, and addenda.
7. The term **“General Specifications”** means that part of the Contract Documents which describes, outlines, and stipulates: the quality of the materials to be furnished; the quality of workmanship required; and the methods to be used in carrying out the service work to be performed under this contract.

Assignment of Contract – The Contractor’s obligations and duties under this Contract shall not be assigned in whole or in part by the Contractor without the written approval of the Authority, but this shall not prohibit the assignment of the proceeds due hereunder to a bank or financial institution nor shall this provision preclude the Contractor from subletting as provided in the Contract, parts of the work in accordance with the general practice of the building industry. This Contract may be assigned by the Authority to a corporation, agency, or instrumentality authorized to accept such assignment.

Bidding – All bids are irrevocable for a period of sixty days and the Authority reserves the right to reject any or all bids and to waive any informalities or irregularities in the bidding process. It is the bidder’s responsibility to visit the site and inspect the conditions of the apartments and the different apartment sizes prior to submitting a bid.

NOTE: Each bidder must be able to demonstrate to the satisfaction of the Authority that they have the experience and/or capability (supervisory, equipment, personnel, etc.) to do the work and to be able to do it for the bid. No one should bid if they cannot do a quality job.

Company Representative – Furnish the name, address, and telephone number of your local agent or representative who will furnish the services to be performed hereunder during the entire term of this Contract. Said representative is to be available and perform required work after hours in the event of an emergency related to the work under this Contract.

Conflict of Interest – No member, officer, or employee of the Authority during his/her tenure or for one year thereafter shall have any interest, direct or indirect, in this Contract or the proceeds thereof. No employee of the Authority shall be employed by the Contractor for performance of work under this contract.

Contract period – The Term of this contract will be for one year with the option of four one-year renewals at the discretion of the Housing Authority, unless otherwise specified.

Equal Employment Opportunity – During the period of this contract, the Contractor will not discriminate against any employee or applicant for employment because of age, race, color, religion, sex, disability, familial status, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and the employees are treated during employment with without regard to their age, race, color, religion, sex, disability, familial status, or national origin.

The work to be performed under this contract requires that to the greatest extent feasible, opportunities for training and employment e give to lower income residents of the unit of local government and that contracts for work in connection with the project be awarded to business concerns which are in or owned in substantial part residing in the same area.

General – The Contractor is to provide all labor, equipment, supplies and materials for the performance of this work. The Authority will not be responsible or otherwise liable for the loss and/or damage to the Contractor's equipment. Any damage done to the grounds, buildings, or other property because of the Contractor and/or subcontractors or equipment is the responsibility of the Contractor.

Insurance Requirements – The Contractor shall maintain during the term of the Contract the following insurance coverage:

- a. **Comprehensive General Public Liability Insurance** – Protecting the Contractor from claims for all damages whatsoever, including damages for care and loss of services arising out of bodily injury, sickness or disease including death and/or damage to operations be by the Contractor or any subcontractor or anyone indirectly or directly employed by either of them in the amount of not less than \$1,000,000, including premise operations, contractual independent contractors and products and completed operations liability.

Insurance Requirements (cont.)

- b. Contractual Liability Insurance** – Afforded the Contractor or subcontractor shall cover in its entirety the following “**Hold Harmless Cause**”:

“The Contractor shall save and hold harmless the Owner individually and all employees of the foregoing from and against all liability, claims and demands of whatsoever kind or nature arising out of or connected with the performance of work by the Contractor, for on in behalf of the Owner, whether such injury, loss or damage shall have been occasioned by negligence of the Contractor or by any subcontractor of the Contractor or their employees. The Contractor will defend at his own expense any actions based thereon and shall pay all charges of attorneys and all cost and other expenses arising therefrom. And further the Contractor shall indemnify and save harmless, the Owner from and against any claims, costs, damages and demands, resulting from injuries, death or damage to property alleged to have arisen out of breach or violation of the Georgia Structural Act because of or connected with the performance of work by the Contractor.”

The Contractor will defend at his own expense any actions based thereon and shall pay all charges of attorneys and all cost and other expenses arising therefrom.

- c. Worker’s Compensation Insurance** – In an amount as may be required by the State or other Political Subdivision having authority over the territory or the employees in which this contract is performed and **Employer’s Liability Insurance** in the amount on not less than \$100,000.
- d.** The Contractor must also provide HAFC with \$1,000,000 of **Owner’s and Contractor’s Protective Liability** coverage in an occurrence made from. A claims made policy is prohibited.
- e.** Also, \$1,000,000 of **Automobile Coverage** for all owned and non-owned vehicles must be provided.

Payment – Payment will be made following successful completion of all necessary work (and corrective action, if any) monthly. Payment requests shall be in the form of a monthly invoice along with the list of each location serviced attached. All work scheduled for payment shall be 100% satisfactory and 100% complete before payment will be made. The Authority will not pay for materials to be stored.

Permits/Licenses – The Contractor shall secure and pay for all permits, fees, licenses (including DeKalb County and a City of Decatur business license, when applicable), necessary for the proper execution and completion of the work. The Contractor shall give all notices and comply with all applicable Federal, State, and local laws, ordinances, codes, rules, and regulations. The intent of this Contract is that the Contractor shall examine the specifications for compliance with applicable codes and regulations bearing on the work and shall immediately report any discrepancy it may discover to HAFC.

Proof of Insurance Coverage – The Contractor shall furnish HAFC Certificates of Insurance that meet State of requirements and are satisfactory to HAFC. Policies are to be written on an occurrence basis only and not claims made. HAFC is to be included on the Contractor’s Insurance Certificate listed as the Certificate Holder. **HAFC will not allow any work to begin without the specified insurance coverage listed herein.**

Protection – Exercised care not to deface adjacent work and carefully protect all HAFC and resident property while work is going on, using suitable cover cloths or other approved protection. The Contractor will be required to make good on any damage caused by the Contractor. Keep free from damage to all surfaces. Protect equipment and items that are finished by their manufacturer and upon completion of the work, remove from the site any equipment required in exercising the Contract.

Subcontractors – All subcontractors must be approved in advance by HAFC. A subcontractor’s approval form must be completed by the Contractor and submitted to HAFC for review. HAFC encourages the Contractor to use “Minority Businesses and Women-Owned Enterprises” as subcontractors under this contract. All approved subcontractors must provide a Non-Collusive Affidavit and an Insurance Certificate before work assigned to them commences. HAFC must be added as an additional insured to the subcontractor’s insurance. All subcontractors at any tier level must be formally approved prior to work on HAFC’s projects. All required documentation will apply.

Suspension of Work – HAFC has the right to suspend the Contract if it is apparent that the Contractor is failing to fulfill the terms of this Agreement. Once the requirements have been fulfilled the Contract will be reinstated and **NO** additional time will be added to the completion time of the Contract.

Termination of Contract – If the Contractor refuses or fails to prosecute the work with such diligence as will ensure its completion within the time specified in these Contract Documents, HAFC, by written notice to the Contractor, may terminate the Contractor’s right to proceed with the work. Upon such termination HAFC may take over the work and prosecute the same to completion, by contract or otherwise and the Contractor shall be held responsible for any additional cost incurred. HAFC reserves the right to cancel the contract upon ten days written notice if the Contractor fails to fulfill the terms of this Agreement or fails to sufficiently accomplish on a timely basis the requirements of this Agreement. Contract may be terminated **without** notice if the actions of the Contractor or subcontractor in any way threaten the health and/or safety of the residents or employees or HAFC property is placed at risk.

Working Hours – The acceptable working hours are specified in the General Specifications. The Contractor’s working hours vary depending on the type of work being performed. The office hours for all locations of the Housing Authority are from 8:00 a.m. – 5:00 p.m., Monday through Friday.

ATTACHMENT “E”
Non-Collusive Affidavit

(NOTE: This form will be placed under **“TAB 6”** of your hard copy original)

1.9 ATTACHMENT E – Non-Collusive Affidavit

STATE OF:

COUNTY OF:

_____, being first duly sworn, deposes and says that he/she
Proposer Name

Is the owner/officer of the firm of _____, the party making
Name of Firm

the foregoing proposal, that such proposal is genuine and not collusive or sham; that said proposer has not colluded, conspired, connived or agreed, directly or indirectly, with any proposer or person to put in a sham proposal or to refrain from proposing, 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 price of affiant or of any other proposal, or to fix any overhead, profit, or cost element of said proposal price, or of that of any other proposal, or to secure any advantage against or any person interested in the proposed Contract; and that all statements in said proposal are true.

Signature of Proposer if Proposer is an individual

Signature of Officer if Proposer is a corporation

Company Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE _____ DAY OF _____, 202_____

Notary Public

My Commission Expires: _____

ATTACHMENT “F”
Company Hiring Policy

(NOTE: This form will be placed under **“TAB 9”** of your hard copy original)

1.10 ATTACHMENT F – Company Hiring Policy Form

The hiring policy of _____ is that we employ the most

Name of Company

competent people available, regardless of age, race, color, religion, sex, handicap, familial status, or national origin. It is also the policy of the company to make this intention clear to all unions, hiring halls, or any other agency supplying employees to this company. It is also the policy of this company to include the equal employment provisions of the 1964 Civil Right Law as part of our subcontracts. The company policy on firing or laying off employees is the same as the hiring policy.

Signed by Official Representative: _____

Print Name: _____

Date: _____

An Equal Opportunity Employer

1.11 ATTACHMENT G – Certification for a Drug-Free Workplace

ATTACHMENT “G” – Form-HUD-50070
Certification for a Drug-Free Workplace

To download this attachment please click on the link below:

<https://www.hud.gov/sites/documents/50070.PDF>

**(NOTE: This form will be placed under “TAB 9”
of your hard copy original)**

ATTACHMENT “H”

Certification Concerning EEO

**(NOTE: This form will be placed under “TAB 8”
of your hard copy original)**

[Type here]

[Type here]

[Type here]

1.12 ATTACHMENT H – Certification Concerning EEO Form

Company: _____

Minority Employees:

| Subcategory | Total Number of Employees | Caucasian | African American | Hispanic | Native- American | Asian or Pacific |
|----------------------------------|--|------------------|-----------------------------|-----------------|-----------------------------|-----------------------------|
| Officer/Supervisors | | | | | | |
| Technicians | | | | | | |
| Housing - Sales | | | | | | |
| Rental Management | | | | | | |
| Office/Clerical | | | | | | |
| Service Workers | | | | | | |
| Other | | | | | | |
| Journeyman – Trade: | | | | | | |
| Helpers – Trade: | | | | | | |
| Apprentices – Trade: | | | | | | |
| Other – Trade: | | | | | | |
| Total of All Employees: | | | | | | |
| Total % of All Employees: | | | | | | |