HAMILTON COUNTY DEPARTMENT OF EDUCATION 3074 Hickory Valley Road Chattanooga, TN 37421 423-498-7030

ADDENDUM NO. 1

Request for Proposal for Multi-Function Copier/Scanner/Printer Lease and Services

Telephone _____

Examples Attached

Drug-Free Workplace Affidavit Requirements

- (1) Each Contractor or Subcontractor with no less than five (5) employees receiving pay shall submit an affidavit stating that such employer has a drug-free workplace program in effect at the time of submission of bids. Said program shall comply with Title 50, Chapter 9, TCA.
- (2) If it is determined that an employer subject to the provisions of this section has entered into a contract for this Project and does not have a drug-free workplace pursuant to the referenced requirements, such employer shall be prohibited from entering into another contract with any local government or state agency until such employer can prove compliance.
- (3) The written affidavit shall be submitted with the Contractor's Proposal Form, and the Bid shall not be considered complete if said affidavit is not included, and the Bid shall be rejected as Non-Responsive.
- (4) For purposes of compliance with this section, any private employer shall obtain a certificate of compliance with the applicable portions of the Drug-Free Workplace Act from the Department of Labor and Workforce Development.

AFFIDAVIT OF COMPLIANCE WITH

DRUG-FREE WORKPLACE REQUIREMENTS OF TENNESSEE CODE ANNOTATED, § 50-9-113

| Ι, | | , president or o | other principal | |
|--|---|--|--------------------------------|--|
| Officer of(N | lame of Company | , swear or affir) | m that the | |
| Tennessee Code Anrextent required of gov | notated, in effect a vernmental entities | rogram that complies with it the time of this bid submar. I further swear or affirm Annotated, § 50-9-113. | nission at least to the | |
| | | President of P | President of Principal Officer | |
| | | For: | | |
| STATE OF TENNI COUNTY OF | ESSEE } } | | | |
| Subscribed and swor | n before me by | | | |
| President or principal | officer of | | , | |
| on this | day of | | , 20 | |
| | | _NOTARY PUBLIC | | |
| My Commission Expire | s: | | | |