

Legal Notice

Request for Proposal Pest Control

City of Spartanburg P.O. Box 1749

187 W. Broad Street Spartanburg, SC. 29304 Email: cwright@cityofspartanburg.org

NOTICE IS HEREBY GIVEN – The City of Spartanburg is seeking proposals from qualified vendors to provide pest and rodent control services for city owned buildings at various City locations.

Proposal Number: 2425-11-05-01

The City of Spartanburg, hereby, notifies all proposers that it will affirmatively ensure that all disadvantaged and women's business enterprises will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of gender, race, color, or national origin in consideration for an award.

The City of Spartanburg reserves the right to reject any or all proposals or to waive any informality in the qualifications process. Proposals may be held by the City of Spartanburg for a period not to exceed sixty (60) days from the date of the opening of Proposals for the purpose of reviewing the Proposals and investigating the qualifications of prospective parties, prior to awarding of the Contract. The vendor that is awarded the proposal will be required to obtain a City of Spartanburg Business License and all the required Building Permits.

There will be <u>pre-bid meeting</u> held at the City Hall, Procurement Conference Room, 187 W. Broad Streett Spartanburg, SC 29306 on **Tuesday October 22, 2024 9:00 AM.**

Complete proposal package also available at www.cityofspartanburg.org by following the links for Invitations for Bids.

Sealed Proposals shall be submitted to Carl Wright, Procurement and Property Manager on or before **Friday November 05, 2024, no later than 3 PM,** City Hall, 187 West Broad Street at which time they will be publicly opened and read aloud in the Conference Room, same location.

Proposals can be hand delivered or mailed to the following address:

City of Spartanburg P.O. Box 1749 187 W. Broad Street Spartanburg, SC. 29304

Attn: Procurement and Property Division

For further information and the complete Proposal Package, please contact the Procurement and Property office at (864) 596-2049. Complete proposal package also available at www.cityofspartanburg.org by following the links for Invitations for bids. The following Proposal Number Must be placed on the outer envelope in order for the bid to be Stamped in as accepted on time:

Proposal No: 2425-11-05-01

Submission of Questions and Qualifications Statement

Submit two (2) complete copies of the firm's Proposal Statement. Submittals received by facsimile machine or other electronic transmittal will not be considered. Submittals are to be in sealed envelopes or boxes marked with the caption "Pest Control" and must be submitted to the attention of Mr. Carl Wright, Procurement and Property Manager, City of Spartanburg, P.O. Box 1749, Spartanburg, South Carolina 29304-1749, by 3:00PM, November 05, 2024. If using courier service, submittals should be sent to the attention of Mr. Carl Wright, Procurement and Property Manager, City of Spartanburg, 187 West Broad Street, Spartanburg, South Carolina 29306.

Proposal Number <u>MUST</u> be placed on the outer envelope for the bid to be stamped in as accepted on time:

Technical questions regarding the scope of services should be directed to Tony McAbee, Facility Maintenance Manager, (864) 596-2107 or by email at tmcabee@cityofspartanburg.org Questions regarding the RFQ process should be directed to Mr. Carl Wright, Procurement and Property Manager at (864) 596-2790 or cwright@cityofspartanburg.org

Affirmative Action

The contractor shall take affirmative action in complying with all state and federal requirements concerning fair employment and the treatment of all employees without regard to, or discrimination by reason of race, color, religion, sex, national origin, or physical handicap.



Price Page

Request for Proposals for Pest Control

City of Spartanburg P.O. Box 1749

187 W. Broad Street Spartanburg, SC. 29304 Email:

cwright@cityofspartanburg.org

| | September 27, | 2024 | |
|-------------------|---|------------|-----------|
| | ned this Request for Propos following Addenda (receipt | | |
| Addenda Number: _ | | Oate: | |
| Addenda Number: _ | | Oate: | |
| | | | |
| | Monthly Cost | | Total bid |
| | \$ | X 12 Month | = |
| | | | |
| COMPANY NAME:_ | | | _ |
| Contact: | | | |
| Signature: | | | |
| | | | |
| | | | |
| | | | |
| Cell# : | | Zip: | |
| F '1 | | | |



Pest Control

City of Spartanburg P.O. Box 5107

187 W. Broad Street Spartanburg, SC. 29304 Email: cwright@cityofspartanburg.org

Proposer has examined this Request for Proposal, the Advertisement for this Request for Proposal, and the following Addenda (receipt of which is hereby acknowledged): Company Name: ___ (Signature) By: (Printed Name) Title: Date: Email: _____ Address: ___ City: _ State: _____ Telephone: ____ _ Fax: _____ Date: _____ Addenda Number: Date: _____ Addenda Number: **BASE PRICE for Total Cost Removal** Pest Control Please complete the provided proposal sheet which outlines the cost. By: ______ Title: ____ Telephone / Email: _____ submits here with our proposal in response to the bid request (Company Name)

number shown above in compliance with the description(s) and specifications (s) for the following:

PEST CONTROL SCOPE OF WORK

SCOPE OF WORK

Performance of Pest Control Services

- A. All pest and rodent control work shall be performed in a safe manner and in accordance with the most modern and effective scientific pest control procedures; and shall be under the direct supervision of a qualified locally licensed pest control operator, supervisor licensed by the State of South Carolina. Pest control shall include consultation, inspection, and actual performance of effective insect and rodent control. To effectively eliminate pests, alternation between spray and bait shall be utilized. Vendor shall supply required documentation for verification of valid licenses.
- B. An Evaluation of the pest control program will be held quarterly. Meetings will be held on the 2nd Tuesday of the following months February, May, August, and November between The Building Maintenance Manager and The Contractor.
- C. The Contractor shall provide all necessary equipment and supplies necessary to provide effective onsite pest control management and trapping. Services provided include but are not limited to routine treatment preventive maintenance for the following:
 - 1. Insect & Arthropods
 - 2. American Roaches
 - 3. Brown Banded Roaches German Roaches
 - 4. Oriental Roaches
 - 5. Pharaoh Ants
 - 6. Sweet Ants/Sugar Ants/Ants
 - 7. Silverfish
 - 8. Black Widow Spiders/Spiders
 - 9. Brown Recluse Spiders
 - 10. Fleas/Ticks
 - 11. Millipedes/Centipedes
 - 12. Crickets/Earwigs
 - 13. Wasps, Yellow Jackets, Hornets, Cicada Killers and any other flying insects and Scorpions.
 - 14. Mice/Rats
 - 15. Snakes
 - 16. Squirrels
 - The control of other common pests and insects that may appear.
 - The contractor shall locate nests, routes traveled, point of entry and treat those areas as well, including but not limited to door thresholds/ frames, windowsills, and other potential points of entry.
 - The control of flies by timed released sprays or equivalent.
 - Visible webs and hornets/ wasps' nest will be removed during inspections.

- The control of rats, mice and snakes by means of rodent boxes and today's standards for controlling
- The word "CONTROL" is defined as the periodic eradication of existing infestation within practical limits. Complaint service, if necessary, at no additional charge.
- One-time special treatment of facilities per year to control pests included in contract.
- D. Bait Stations (All bait stations must be included in cost of service)

Rodent Control.

As a rule, rodent control inside occupied buildings shall be accomplished with trapping devices. All such devices shall be concealed out of the general view and in protected areas so as not to be affected by routine cleaning and other operations. Trapping devices shall be checked on a schedule approved by The City of Spartanburg. **Trapping shall not be performed during periods when maintenance will be delayed by holidays, weekends, etc.** The Contractor shall be responsible for disposing of all trapped rodents and all rodent carcasses in an appropriate and timely manner. In circumstances when rodenticides are deemed essential for adequate rodent control inside occupied buildings, the Contractor shall obtain the approval of the City officials prior to making any interior rodenticide treatment. All rodenticides, regardless of packaging, shall be placed either in locations inaccessible to children, pets, wildlife, and domestic animals-or in EPA-approved, tamper-resistant bait boxes. As a rule, rodenticide application outside buildings shall emphasize the direct treatment of rodent burrows, wherever feasible. Frequency of bait box servicing shall depend upon the level of rodent infestation. All bait boxes shall be maintained in accordance with EPA regulations, with an emphasis on the safety of non-target organisms. The Contractor shall adhere to the following rules:

- All bait boxes shall be placed out of the general view, in locations where they will not be disturbed by routine operations. The lids of all bait boxes shall be securely locked or fastened shut.
 - All bait boxes shall be securely attached or anchored to the floor, ground, wall, or other surface, so that the box cannot be picked up or moved.
 - Bait shall always be placed in the baffle-protected feeding chamber of the box and never in the runway of the box.
 - All bait boxes shall be labeled with the Contractor's business name and address, and dated by the Contractor's technician at the time of installation and at each servicing

E. Records

Legibly prepare and maintain pest-monitoring logs at each site to record the number and type of pests encountered by the pest manager during scouting or visual inspections. These monitoring logs will serve both as a preventive and an evaluative role

These records will act as a preventive because information obtained through monitoring can indicate the need for an immediate control action. They are evaluative because they can reveal long-term records and general trends in pest populations that can be used to evaluate the success of specific control measures. These logs will obtain the following information:

- 1. Information about the pest species encountered
- 2. Date and time sighting occurred
- 3. Who encountered the pest sighting
- 4. Contact information
- 5. Documentation of conditions that possibly promoted pest activity
- 6. Non-chemical control recommendations, such as repairing leaks or removing clutter etc.
- 7. Action taken to resolve issue reported

MATERIALS

- The materials used in pest control work shall conform to Federal, State and Local ordinance and laws, and shall be acceptable to the City. The contractor shall comply in every respect with Federal, State and Local laws, ordinances, etc., relating to the performance of the contract.
- The contractor shall ensure maximum precautions for public safety in the use of chemical products or equipment that might be hazardous if improperly handled
- The Contractor shall provide Safety Data Sheets to the Building Maintenance Department on all chemicals used (Submit Data Sheets with Proposal)
- Rodenticide shall be used with all due precaution to obliterate the possibility of accidents to humans, domestic animals and pets that shall be acceptable to the City. **An odorless chemical is preferred.**
- Special care shall be exercised in the use of liquid insecticides in areas having an asphaltic, mastic, or linoleum floor surface. Care should be taken not to discolor or damage carpet or furniture.

SCHEDULE

• The service representatives shall proceed to the City premises **ONCE MONTHLY during office hours.** Pest control shall include all internal office areas;
Areas to be treated include but are not limited to: meeting, conference rooms, public and common areas (including restrooms), hallways, stairways, maintenance, storage areas, employee break and locker areas, garbage handling, waste disposal areas, food service, and preparation areas, parking garages, exterior to 5 ft. of buildings. Service representative shall make <u>additional visits</u> and <u>treatments</u> as they are deemed necessary. Such requested service visits shall be made promptly.

• The buildings to be serviced under this agreement are specified on the bid form with the individual contract price. Any building(s) added or deleted by the City from said bid form will result in equitable adjustment to the contract price. If added, the price will be negotiated by the parties. If a building(s) is deleted, the price as then in effect on said individual building(s) will be prorated over the remainder of the terms of this agreement, and so subtracted from the monthly installment of the contract price that becomes payable thereafter.

Commercial Applicator Licensing

Vendor must comply with Title 46 – **Agriculture** CHAPTER 13. PESTICIDE CONTROL ACT If you apply any herbicides, insecticides, rodenticides, or other types of pesticides to another person's property as part of your job and/or for compensation, you are a Commercial Applicator and must be licensed in the state of South Carolina. *Please submit you license with the bid document*

LIST OF FACILITIES AND LOCATIONS

- 1. City Hall 187 West Broad Street
- 2. Police Department- 206 North Forest Street
- 3. Traffic Services- 189 John B White Sr. Blvd
- 4. Fleet Garage- 801B Union Street
- 5. Public Works Offices 801A Union Street
 - Public works Building (801C)
 - Public Works Building (801D)
- 6. Fire Departments 1 450 Wofford Street (note: same address as IT)
- 7. Fire Departments 2 -905 Union Street
- 8. Fire Departments 3 -510 Magnolia Street
- 9. Fire Departments 4 200 Camelot Drive
- 10. Fire Departments 5 1075 Fernwood Glendale Road
- 11. Northwest Center- -701 Saxon Avenue
- 12. TK Gregg Center 650 Howard Street
- 13. Ambassadors/Downtown PD Unit-100 North liberty Street 2nd floor
- 14. CC Woodson Center- 210 Bomar Avenue
- 15. Train Depot- 298 Magnolia Street
- 16. Airport- 500 Ammons Road
 - a. Hanger C
 - b. Jet Center
 - c. Main facility
- 17. Development Services Office- 440 South Church Street
- 18. Thornton Center- 500 Highland Avenue
- 19. Building Maintenance- 305 West Henry Street
 - Henry Street Washhouse
 - Ground Maintenance Building
- 20. IT -450 Wofford Street
- 21. Four parking garages includes offices
 - Kennedy- 160 East Kennedy Street
 - Magnolia- 100 North Church Street
 - Dunbar- 150 Dunbar Street
 - St.John's- 130 East St. John Street

Submit all questions in writing to: No questions will be answered verbally.

Tony McAbee Building Maintenance Manager City of Spartanburg tmcabee@cityofspartanburg.org

> CITY OF SPARTANBURG, SC Bidder Conflict of Interest Disclosure Form

RELATED PARTY RELATIONSHIP & TRANSACTIONS QUESTIONNAIRE

The information called for in this questionnaire is for use by the City of Spartanburg in connection with its risk assessment procedures and related activities

| | erification by the City of Spartanburg. Title of Authorized Official | |
|--|---|-----------------------|
| | | |
| • | CERTIFICATION supplied in response to this questionna e and belief and understand that the info | - |
| Yes (Please sign and provide | the name(s) of the individual(s) | |
| No (Please sign the certificat | ion below and promptly return this pa | ge with the W-9) |
| City of Spartanburg, SC? | imbers, committee members of City Co | ouncil Members of the |
| Does your organization have any o any employees, officials, board me | fficers, managers, employees, or officients | als that are related |

Contractor References

List only references you have completed work for in the last twelve months.

| Company Name: | Federal ID or SS# | |
|----------------------------|-------------------|--|
| Street Address: | Telephone #: | |
| City, State, Zip: | Fax #: | |
| Company Name: | Federal ID or SS# | |
| Street Address: | Telephone #: | |
| City, State, Zip: | Fax #: | |
| Company Name: | Federal ID or SS# | |
| Street Address: | | |
| City, State, Zip: | | |
| Company Name: | Federal ID or SS# | |
| Street Address: | | |
| City, State, Zip: | | |
| | | |
| Company Name | | |
| Contractor/Owner Signature | Date | |

Immigration Reform Act:

Read and Sign

Contractor agrees to verify the hiring eligibility of its employees as required under South Carolina's Eligible Immigration Reform Act, S.C. Code Ann., § 41-8-10, et seq. by either registering and participating in the Federal Work Authorization Program (E-Verify) pursuant to the Statute or employ only workers who at the time of their employment possess a valid South Carolina Driver's License or Identification Card or are eligible to obtain same or possess a valid Driver's License or Identification Card from another state deemed by the Director of the Department of Motor Vehicles to have requirements at least as strict as those in South Carolina. Contractor certifies that it will comply with the Statute in its entirety and agrees to provide the Owner with documentation to establish applicability of the Statute to the Contractor and compliance by same.

| Contractors Name | | |
|--|--|--|
| and participating in the Federal Work employing only workers who at the tin | outh Carolina Eligible Immigration Refor Authorization Program (E-Verify) pursu ne of their employment possess a valid Sou | ant to the Statute or 1th Carolina Driver's License |
| | o obtain same or possess a valid Driver's I | |
| | med by the Director of the Department of Carolina. By the signature below, the Co | |
| | cumentation to establish the applicability | |
| Contractor and by the signature below | , certifies that it is compliant with the Sta | tute with all regards. This |
| certification and the requirements of the certification and the requirements of the project that the project is the project that the proj | his Statute require that the Contractor ver | rify the hiring eligibility of its |
| employees before and during the Froje | ect. | |
| | | |
| | | |
| | | |
| _ | | |
| | Name of Contractor (Subcontractor, etc.) | |
| | | |
| - | Contractors Signature | - |
| | | |
| | | |
| - | Date | |
| | | |

CITY OF SPARTANBURG INSURANCE REQUIREMENTS FOR CONTRACTORS NOTE: DO NOT BID ON THIS PROJECT IF YOU CANNOT MEET THE FOLLOWING INSURANCE REQUIREMENTS CONTRACTOR'S LIABILITY AND OTHER INSURANCE:

Contractor/ The vendor shall purchase and maintain with a company acceptable to the City and authorized to do business in the State of South Carolina, such insurance as will protect him from claims under workers' compensation laws, disability benefit laws or other similar employee benefit laws; from claims for damages because of bodily injury, occupational sickness or disease, or death of his employees, and claims insured by usual personal injury liability coverage; from claims for damages because of bodily injury, sickness or disease, or death of any person other than his employees, including claims insured by usual bodily injury liability coverage; and from claims for injury to or destruction of tangible property, including loss of use resulting there from any or all of which may arise out of or result from the Contractor/Vendor operation under the contract documents, whether such operations be by himself or any subcontractor or anyone directly or indirectly employed/volunteering by any of them or for whose acts any of them may be legally liable. This insurance shall be written for not less than the limits of liability specified below or required by law.

Automobile Liability: The amounts of such insurance shall not be less than: <u>Combined Single Limit - \$1,000,000</u>; <u>Split Limits:</u> <u>Bodily injury per person - \$1,000,000</u>; <u>Bodily Injury per Occurrence - \$1,000,000</u>; and <u>Property Damage - \$1,000,000</u>

Commercial General Liability: The amounts of such insurance shall not be less than: Each Occurrence - \$2,000,000; Damage to Rented Premises - \$300,000; Med Expenses (per person) \$10,000; Personal & Advertising Injury - \$1,000,000; General Aggregate - \$2,000,000; and Products Completed Operations Aggregate - \$2,000,000. This coverage shall be on an "Occurrence" basis. Coverage shall include Premises and Operations; Products and Completed Operations; Medical Expense in reference to General Liability, and Contractual Liability. Bodily injury and property damage liability shall protect the Contractor and any subcontractor performing work under this contract from claims of bodily injury, Personal & Advertising injury, and property damage, which could arise from operations of this contract whether the Contractor, any subcontractor, performs such operations or anyone directly or indirectly employed through affiliation with the General contractor.

This insurance shall include coverage for products/completed operations, personal injury liability and contractual liability assumed under the indemnity provision of this contract and broad form property damage, explosion, collapse and underground utility damage stating if policy is written on an occurrence basis. Any policy written on a claim made basis must be approved by the City of Spartanburg in advance.

Property Insurance including Builders Risks-Property coverage will name the City of Spartanburg as loss payee in instances where the City has an interest in the property unless otherwise requested.

Workers' Compensation and Employer's Liability – The City of Spartanburg does require Workers Comp coverage for all contractors/vendors. This coverage shall meet the following **STATUTORY** requirement of the State of South Carolina. Employers Liability: Each Accident \$500,000 - Disease Each Employee \$500,000 and Disease Policy Limit \$500,000. Sole Proprietors, Partners, Members of LLC and Corporate officers will not be excluded from coverage.

Revised September 5, 2024

Umbrella Liability: Each Occurrence – TBD; Aggregate – TBD

This coverage should be required for high hazard operations including excavation, roofing, water tower installation, painting, repair and removal, large construction projects. Should also consider

for certain high hazard special event activities such as fireworks displays, inflatables, mechanical rides, etc.

Professional Liability: Per Occurrence - \$1,000,000; Aggregate - \$1,000,000

This coverage should be required for professional services such as accountant, attorneys, architects, design, engineering and most consultants.

The Contractor/Vendor shall provide the City with insurance certificates certifying that the foregoing insurance is in force; and such insurance certificates shall include provisions that the insurance shall not be cancelled, allowed to expire or be materially changed without giving the City thirty (30) days advance notice by registered mail.

The City of Spartanburg, its employees, and agents shall be named as additional insured under the Contractor/Vendor's general liability policies.

The Contractor is advised that if any part of the work under the contract is sublet, he shall require the subcontractor(s) to carry insurance as required above. However, this will in no way relieve the Contractor/Vendor from providing full insurance coverage on all phases of the project/event, including any that is sublet.

When certain work is to be performed inside right-of-way owned by railroads, South Carolina Department of Transportation or other Agencies, both the Contractor and any subcontractor may be required to furnish individual insurance certificates made in favor by the controlling agency, with limits as established by that agency.

Cancellation and Re-issuance of Insurance: If any insurance required to be provided by the Contractor should be canceled or changed by the insurance company or should any such insurance expire during the period of this contract, the Contractor shall be responsible for securing other acceptable insurance to provide continuous coverage during the life of this contract.

Failure of the Contractor/Vendor to maintain continuous coverage as specified herein will result in this project/event being shut down and any payments due, or to become due, withheld until such time as adequate, acceptable insurance is restored. This would be in addition to any legal recourse open to the City under breach of contract.

All coverages and provisions shall be in place, and documentation of such coverage shall be provided to the City of Spartanburg, before any work can begin.

**All emailed Certificates of Insurance can be forwarded to: kbooker@cityofspartanburg.org

** All Certificate of Insurance submitted via postal mail can be sent to:

City of Spartanburg 187 W. Broad St. Spartanburg, SC 29306 Attn: Kenneth Booker

Corporate / Company Resolution

A RESOLUTION

| FOR THE PURPOSE OF AUTHORIZING _ | | TO EXECUTE AN |
|--|--|---|
| CONTRACT WITH SPARTANBURG CITY | | |
| WHEREAS | _ will or has subn goods or services | nitted a bid/proposal to Spartanburg City of s; and |
| WHEREAS | _ may be or has bourg; and | been awarded a contract to provide good |
| WHEREAS | _Type of Organ | nization is: |
| Check the applicable box): Sole Proprietorship Partnership Corporate entity (not tax-exem Corporate entity (tax-exempt) Government entity (Federal, S Other NOW THEREFORE BE IT RESOLVED that body) of does hereby the does hereby the does hereby to execute a contract with Spartant section of the contract with section of | State or Local) at the Board of Dicay approve and a | irectors (or other appropriate governing outhorize (Name of |
| ADOPTED AND APPROVED this da | ıy of, 2 | 20 |
| | ORGANIZATION | 1 |
| ATTESTED | ORGANIZATION [| J |
| | By: | (signature) |
| | | (printed |
| name) | | |
| | Title. | |

AFFIDAVIT OF NON-COLLUSION

| | I state that I am (title) of | |
|------------|--|-------------|
| | (name of firm) and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the price(s) and the amount of this | |
| | Offer. | |
| I state | that: | |
| (1) | The price(s) and amount of this Offer have been arrived at independently and without consultation communication or agreement with any other Proposer or potential Proposer. | 1, |
| (2) | That neither the price(s) nor the amount of this Offer, and neither the approximate price(s) nor approximat amount of this Offer, have been disclosed to any other firm or person who is a Proposer or potential Proposer and they will not be disclosed before Solicitation opening. | |
| (3) | No attempt has been made or will be made to induce any firm or person to refrain from bidding on thi contract, or to submit an Offer higher than this Offer, or to submit any intentionally high or noncompetitiv Offer or other form of complementary Offer. | |
| (4) (5) | The Offer of my firm is made in good faith and not pursuant to any agreement or discussion with, of inducement from, any firm or person to submit a complementary or other noncompetitive Offer. (name of firm), its affiliates, subsidiaries, officers | |
| | directors and employees are not currently under investigation by any governmental agency and have not it the last four years been convicted of or found liable for any act prohibited by State or Federal law in an jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except a described in the attached appendix. I state that | y s y |
| | (Authorized Signature) | |
| | (Name of Company/Position) | |
| | Sworn to and subscribed before me this day of, 20 | |
| | Notary | |
| | My Commission Expires: | |

GOOD FAITH DOCCUMENTATION MUST ACCOMPANY THE BID DOCUMENT

City of Spartanburg, hereby, notifies all proposers that it will affirmatively ensure that all disadvantaged and women's business enterprises will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of gender, race, color, or national origin in consideration for an award. Each proposer shall attest that they engaged in good faith efforts in an endeavor to achieve the City's M/WBE goal of 10%.

INTENT TO PERFORM CONTRACT WITH OWN WORKFORCE

STATES THAT THE BIDDER DOES NOT CUSTOMARILY SUBCONTRACT ELEMENTS OF THIS TYPE OF PROJECT, AND NORMALLY PERFORMS AND HAS THE CAPACITY I HERBY CERTIFY THAT IT IS OUR INTENT TO PERFORM 100% OF THE WORK REQUIRED FOR THE ABOVE PROJECT. IN MAKING THIS CERTIFICATION, THE BIDDER TO PERFORM AND WILL PERFORM ALL ELEMENTS OF THE WORK PROJECT WITH HIS/HER OWN CURRENT WORK FORCES; AND IF THE BIDDER DOES NOT PERFORM 100% OF THE WORK REQUIRED, THE BIDDER WILL PROVIDE A LIST OF SUBCONTRACTORS

THE BIDDER AGREES TO PROVIDE ANY INFORMATION OR DOCUMENTATION TO THE CITY OF SPARTANBURG IN SUPPORT OF THE ABOVE STATEMENT.

COMMITMENTS HEREIN SET FORTH. THE UNDERSIGNED HEREBY CERTIFIES THAT HE OR SHE HAS READ THIS DOCUMENTATION AND IS AUTHORIZED TO BIND THE BIDDER TO THE

| The listing of an MWBE shall constitute a representation by the bidder/responder to City of Spartanburg that such MWBE has been contacted and properly apprised of the upcoming City of Spartanburg project. Bidders/Responders are advised that the information contained herein is subject to verification by the Minority & Women Business Enterprise Program Coordinator and that submission of said information is an assertion of its accuracy. These documents are a part of this solicitation and contract. You are required to fill out this information. |
|--|
| I certify that the above information is true to the best of my knowledge: |
| Signature: |
| Title: |
| Date: |
| Subscribed and sworn to before me thisday of20 |
| |
| Notary Signature |
| Notary Seal |

THIS DOCUMENT MUST BE PROVIDED WITH THE SUBMITTAL AND SIGNED BY THE PERSON SIGNING THE SUBMITTAL

18

MWBE Good Faith Effort Participation Commitment Contract

This form should be filled out completely and *included in your bid document*. This form should also be accompanied by an executed Letter of Intent from each Sub-Contractor firm listed in this form. You may use additional sheets if necessary.

| BID NO: | DATE: | |
|-------------------|----------|--------|
| | | |
| PROJECT NAME: | ADDRESS: | al . |
| PRIME CONTRACTOR: | CITY: | STATE: |
| CONTACT PERSON: | EMAIL: | W |
| TELEPHONE: () | FAX: () | |

MWBE SUBCONTRACTORS

| MWBE CITY, STATE CONTACT PHONE TYPE OF WORK TO BE SUBCONTRACT % OF WORK | e America | an MBE N/A - Nativ | American WBE - American Woman MBE N/A - Native American | Amer | | | | |
|---|-----------|--------------------|---|---------|---------|-------------|-------|---------|
| CITY, STATE CONTACT PHONE Total | ř | Asian American ME | - African American MBE-S - | MBE-B - | | | | |
| CITY, STATE CONTACT PHONE Total | | IFICATION | MWBE CLASS | | | | | |
| CITY, STATE CONTACT PHONE | | \$ | tal Contract Amount | Tot | | | | |
| CITY, STATE CONTACT PHONE | | \$ | I MWBE Participation | Tota | | | | 100 |
| CITY, STATE CONTACT PHONE | | \$ | | | | | | |
| CITY, STATE CONTACT PHONE | | \$ | | | | | | |
| CITY, STATE CONTACT PHONE | | \$ | | | | | | |
| CITY, STATE CONTACT PHONE | | \$ | | 1 | | | | |
| CITY, STATE CONTACT PHONE | | AMOUNT | PERFORMED | | 1 | | CLASS | |
| | % OI | SUBCONTRACT | TYPE OF WORK TO BE | PHONE | CONTACT | CITY, STATE | MWBE | COMPANY |

NON-MWBE SUBCONTRACTORS

| | | | A SERVICE AND A | | | | COMPANY |
|-----------------------|-------------------------------------|----|---|----|----|-----------|--|
| | | | | | | CLASS | MWBE |
| | | | | | | | CITY, STATE |
| | | | | | | | CONTACT |
| Tot | Total N | | | | | | PHONE |
| Total Contract Amount | Total Non-MWBE Participation | | | | | PERFORMED | TYPE OF WORK TO BE SUBCONTRACT % OF WORK |
| \$ | \$ | \$ | \$ | \$ | \$ | AMOUNT | SUBCONTRACT |
| | % | % | % | % | % | | % OF WORK |

DRUG FREE WORKPLACE ACT STATEMENT

The undersigned hereby certifies on behalf of the company listed below that it is in full compliance with the requirements set forth in Title 44, Code of Laws of South Carolina, 1976, Chapter 107, Paragraph 47 and the Drug-Free Workplace Act of 1988 (Public Law 100-690, title V, Sec. 5153, as amended by Public Law 105-85, Div. A, Title VIII, Sec. 809, as codified at 41 U.S.C. § 702) and Department of Commerce implementing regulations published at 15 CFR Part 29, "Government-wide Requirements for Drug-Free Workplace (Financial Assistance)" (published in the Federal Register on November 23, 2003, 68 FR 66534).

| | | (Name of Corporation or Entity) | |
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| name) | | Title: Date: | |
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| | EX | ISTENCE OF SUBCONTRACTORS FORM | [|
| | | t any part of this Work? Yes No If so, please list es of the subcontractors to be used for the portions of the wo | |
| ociow. | 1. | SUBCONTRACTOR NAME | |