### City of Spartanburg

Procurement and Property Division Post Office Drawer 5107, SC 29304-1749 Phone (864) 596-2049 - Fax (864) 596-2365

### Legal Notice Request for Proposal for Cleaning Service/Delivery/Replacement of Rugs

### March 04, 2019

**NOTICE IS HEREBY GIVEN** – The City of Spartanburg is seeking proposal from vendors to provide cleaning services/delivery/ and replacement of rugs (when needed/authorized by the City)

Proposal Number: 04-09-01

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.

**Questions can be answered by** Michelle Holick, Custodial Operations Supervisor at 864-596-3736 and by Email: <a href="mailto:mholick@cityofspartanburg.org">mholick@cityofspartanburg.org</a>

Complete proposal package also available at <a href="https://www.cityofspartanburg.org">www.cityofspartanburg.org</a> by following the links for Invitations for Bids.

Sealed Proposals shall be submitted to Carl Wright, Procurement and Property Manager on or before Tuesday March 26, 2019 no later than 3 PM, City Hall, 145 West Broad Street at which time they will be publicly opened and read aloud in the Training Room, same location.

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

City of Spartanburg P.O. Box 5107 145 W. Broad Street Spartanburg, SC. 29304

Attn: Procurement and Property Division

For further information and complete Proposal Package, please contact the Procurement and Property office at (864) 596-2049. Complete proposal package also available at <a href="www.cityofspartanburg.org">www.cityofspartanburg.org</a> by following the links for Invitations for bids. The following Proposal Number <a href="Must">Must</a> be placed on the outer envelope in order for the bid to be Stamped in as accepted on time: <a href="Proposal No: 04-09-01">Proposal No: 04-09-01</a>

### **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 "Proposal Statement for Cleaning Service/Delivery/Replacement of Rugs"

must be submitted to the attention of Mr. Carl Wright, Procurement and Property Manager, City of Spartanburg, P.O. Box 5107, Spartanburg, South Carolina 29304-1749, by 3:00PM, April 9, 2019. If using courier service, submittals should be sent attention Mr. Carl Wright, Procurement and Property Manager, City of Spartanburg, 145 West Broad Street, Spartanburg, South Carolina 29306.

Proposal Number MUST be placed on the outer envelope in order for the bid to be stamped in as accepted on time:

Questions regarding the scope of services should be directed to Michelle Holick, Custodial Operations Supervisor at 864-596-3736 and by Email: <a href="mailto:mholick@cityofspartanburg.org">mholick@cityofspartanburg.org</a> Questions regarding the RFP process should be directed to Mr. Carl Wright, Procurement and Property Manager at (864) 596-2790 or <a href="mailto:cwright@cityofspartanburg.org">cwright@cityofspartanburg.org</a>

**Time for Filing:** Any potential bidder believing that bid documents or drawings contain restrictive specifications or any other improprieties regarding the solicitation for bids may file a protest with City of Spartanburg, which shall be received by City of Spartanburg not later than ten (10) working days prior to, or after the bid opening, and shall contain all reasons for the protest. The committee will then respond to the protest within five (5) working days of the receipt of the protest, and the protestor will have five (5) working days to appeal City of Spartanburg's initial response. Once an appeal has been received, the committee will render its final decision in writing within ten (10) working days to the protestor.

In all cases, if protest deadlines are not met, City of Spartanburg will proceed with the normal bid and contract award procedure.

### **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.

### CONTRACTOR INSURANCE REQUIREMENTS

Contractor shall provide, pay for and maintain in full force and effect, all insurance outlined herein with limits of liability not less than the limits of liability shown covering Contractor's activities, those of any subcontractors or anyone directly or employed by any of them, or by anyone for whose acts any of them might be liable.

### **Insurer Qualifications**

All insurance should be provided through insurance companies authorized to do business in South Carolina with an A M Best's Rating of no less than A and shall be approved by and acceptable to Owner.

### **Certificates of Insurance**

Within 5 (five) days of execution of Contract but **PRIOR** to commencing Work, Contractor's insurer shall provide to Owner a Certificate of Insurance issued by an authorized representative of its insurer certifying that the insurance as required in this Exhibit is in full force and effect. Certificates should be sent via fax or mail to the following:

Risk Coordinator City of Spartanburg P. O. Box 1749 Spartanburg, SC 29304

Fax: (864)596-2262

Email: kbooker@cityofspartanburg.org

The original of the Certificate is to be sent as well. The Certificate shall include a statement that the policies will not be canceled or non-renewed without 30 days' advance written notice to Owner.

### **Primary Insurance**

All insurance coverage required of the Contractor shall be primary over any insurance or self insurance carried by City of Spartanburg.

### **Duration of Coverage**

All required insurance coverage shall be maintained without interruption during the entire term of the Contract plus an additional 3 years for Products and Completed Operations Coverage following final acceptance of the Work by Owner.

### **Subcontractor's Insurance**

The Contractor shall require any Subcontractor to purchase and maintain insurance of same types and limits required herein.

### Waiver of Subrogation

The Contractor shall require all policies of insurance as required herein to be endorsed to provide that the insurance company shall waive all of its right of recovery or subrogation against Owner. The Contractor shall require similar waivers from any Sub-contractors.

### **Additional Insured**

The Contractor's insurance policies as required herein with the exception of Workers Compensation shall be endorsed to name Owner as an additional insured.

### **Insurance Coverage and Limits**

**Workers' Compensation:** The Contractor shall provide and maintain Workers Compensation insurance in each jurisdiction in which the Work is located.

Limits:

Coverage A – State Statutory Benefits Coverage B – Employers Liability Specific Coverage:

\$1,000,000

- -United States Longshoremen and Harbor Workers Act
- -Coverage endorsement must be provided if any work is to be performed on or around navigable water.

**Automobile Liability:** Contractor shall provide and maintain Business Auto Liability insurance covering bodily injury and/or property damage liability arising out of the use of any auto (including owned, hired, and non-owned autos).

Limits:

Combined Single Limit Each Accident: \$1,000,000

**Commercial General Liability:** Contractor shall provide and maintain in full force and effect Commercial General Liability Insurance covering all operations by or on behalf of Contractor on an occurrence basis against claims for bodily injury, personal in-jury, and/or property damage (including loss of use).

Limits:

| Each Occurrence               | \$1,000,000 |
|-------------------------------|-------------|
| General Aggregate             | \$2,000,000 |
| Products/Completed Operations | \$2,000,000 |

### Specific Coverage:

Occurrence Form Blanket Contractual Liability Underground Explosion and Collapse

**Umbrella/Excess Liability:** Contractor shall provide and maintain Umbrella/Excess Liability Insurance on an occurrence basis with coverage as broad as underlying policies.

Limits:

Each occurrence: \$2,000,000 Annual Aggregate: \$2,000,000

Specific Coverage:

Blanket Contractual Liability Follow Form Primary

**Other Insurance:** Any other insurance as specified by Owner in the Contract Documents.

**Changes:** Exceptions to specified insurance requirements shall be submitted at time of any bid.



### Cleaning Service, Delivery, and Replacement of Rugs

City of Spartanburg
P.O. Box 5107
145 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:  |                    |  |  |
|--|--------------------|--|--|
| Ву:  |                    | (Signature)  |  |
|  |                    | _ (Printed Name)   |  |
| Title:   |                    | -  |  |
| Date:  |                    |  |  |
| Address:   | Email:             |  |  |
| City:  | State:             | Zip:   |  |
| Telephone:   | Fax:               |  |  |
| Addenda Number:  | Date:              |  |  |
| Addenda Number:  |                    |  |  |
| BASE PRICE for Total Cost  Cleaning Service/Delivery/Replace |                    |  |  |
| Please complete a proposal sheet v                           | which outlines the | cost.  |  |
| Ву:  | Title:             |  |  |
| Signature:   | Date:              |  |  |
| Address:   |                    |  |  |
| Telephone /  | Email:             |  |  |
| (Company Name)   | •                  | posal in response to the bid request and specifications (s) for the following: |  |

### Exhibit A

PRRESPREC THORMON MORTHMES TRAFFIC KENNEDY 5. CHURCH PUBLIC MICRES TRAIN NET! 815 **EXHIBIT A** 2 1 1 1 2 1 2 MONTHLY SCRAPER 3X5 1 2 1 2 2 1 2 1 1 MONTHLY SCRAPER 4X6 1 2 1 WEEKLY 1 WALK OFF 3X5 (BLACK) 2 1 WEEKLY WALK OFF 3X5 (BROWN) 1 2 1 WALK OFF 4X6 (BLACK) WEEKLY 1 WEEKLY WALK OFF 4X6 (BROWN) 4 WEEKLY WALK OFF 4X6 (BLUE) 2 WEEKLY WALK OFF 3X10 (BLUE) 1 1 1 WEEKLY WALK OFF 3X10 (BROWN) 1 1 1 1 1 4 2 WEEKLY LOGO 3X5 2 1 1 1 1 2 WEEKLY 1 LOGO 4X6 3 WEEKLY 1 LOGO 5X 6 **WEEKLY TOTAL** MONTHLY TOTAL **DEFE CHARGE Delivery,** Eviromental, Fuel, and Energy TAX **GRAND TOTAL** REPLACEMENT COST 3X5 LOGO (WHEN AUTHORIZED) REPLACEMENT COST 4X6 LOGO (WHEN AUTHORIZED) REPLACEMENT COST 5X6 LOGO (WHEN AUTHORIZED)

SUBJECT TO CHANGE FREQUENCY, PRODUCTS, QUANTITY, AND LOCATIONS

### **EXHIBIT B**

Scope of work and bid package attached

### **Statement of Needs**

Offerors are to propose the broadest possible scope of Facilities management products and solutions they offer.

The scope of products and solutions consists of, but is not limited to, the following:

### **General Definition of Products and Solutions**

<u>Mat-Mop-Cloth cleaning/replacement/services/delivery</u>- including rental, purchase or lease of walk-off mats, logo mats, anti-fatigue mats, scraper, wet area mats, wet mop heads, dry mop heads, microfiber mop heads, shop towels, and microfiber cloths.

Offerors are highly encouraged to include in their proposal a description of any significant task not listed in the scope of services which they know to be necessary under the proposed contract.

Offerors will provide the following: All soiled items will be picked-up, commercially laundered, maintained, replace with clean, fully functional items, and deliver by the company. All items owned by vendor that require replacement due to normal wear will be replaced by the company at no charge to customer. Additional products and services may be added to this agreement and shall automatically become part of and subject to the current contract terms

City of Spartanburg may add to the scope of services or make changes in the scope of services of a similar nature to those specified in the scope of services of this request for proposals as mutually agreed to at a price mutually agreed upon. The change must be approved by the Supervisor of Custodial Operations. Note: All City of Spartanburg Logo mats are owned by The City of Spartanburg.

### **Contract Term & Renewal**

The contract period shall be thirty-six (36) months. Rates shall be fixed for thirty-six (36) months. The City of Spartanburg reserves the right to terminate the rental service contract upon a thirty (30) day written notification. If rental service contract if determined to be satisfactory, the city of Spartanburg reserves the right to extend the contract at the end of the contract period upon such terms as may be then agreed upon by The City of Spartanburg and Vendor.

**Therefore, if the City of Spartanburg extends** the contract at the end of the contract period upon such terms as may be then agreed upon by the City of Spartanburg and Vendor. Such term shall be for one year. After which the contact shall be closed with no other extension.

### 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

| submitted is subject to audit and ve   | Title of Authorized Official   | Date Date            |
|--|--|----------------------|
| •                                      | incation by the City of Spartanburg.   |                      |
| •                                      | CERTIFICATION supplied in response to this questionnain and belief and understand that the infor | -                    |
| Yes (Please sign and provide           | the name(s) of the individual(s)   |                      |
| <b>No</b> (Please sign the certificati | on below and promptly return this pag  | e with the W-9)      |
| City of Spartanburg, SC?               |  | uncil Members of the |

### **EXHIBIT C**

### **Provide Facility services to the following City of Spartanburg Locations:**

- CITY HALL
   145 WEST BROAD STREET
   SPARTANBURG, SC. 29306
- POLICE 145 WEST BOARD STREET SPARTANBURG, SC. 29306
- BUS (SPARTA PASSENGER CENTER)
   100 NORTH LIBERTY STREET
   SPARTANBURG, SC. 29306
- S. CHURCH (CHURCH STREET MANAGENENT/CODE ENFORCEMENT OFFICE)
   440 SOUTH CHURCH STREET
   SPARTANBURG, SC. 29306
- NORTHWEST RECREATION CENTER 701 SAXON AVENUE SPARTANBURG, SC. 29301
- CC WOODSON COMMUNITY CENTER 210 BOMAR AVENUE SPARTANBURG, SC. 29302
- THORNTON ACTIVITY CENTER
   500 NORRIS STREET
   SPARTANBURG, SC. 29306
- PUBLIC WORKS (PUBLIC SERVICES) 801A UNION STREET SPARTANBURG, SC. 29302
- KENNEDY STREET GARAGE
   120 EAST KENNEDY STREET
   SPARTANBURG, SC. 29306

- FLEET MAINTENANCE 801B UNION STREET SPARTANBURG, SC. 29302
- TRAIN DEPOT (HUB CITY RAILROAD MUSEUM)
   298 MAGNOLIA STREET
   SPARTANBURG, SC. 29306
- BUILDING MAINTENANCE (TRANSFER STATION)
   305 WEST HENRY STREET
   SPARTANBURG, SC. 29306
- PARKS & RECREATION & SPECIAL EVENTS 100 NORTH LIBERTY STREET 2<sup>ND</sup> FLOOR SPARTANBURG, SC. 29306
- TRAFFIC ENGINEERING 189 JOHN B WHITE SR BLVD. SPARTANBURG, SC. 29306

### **Exhibit D**

### 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) |              |
|---------------------------------|--------------|
|                                 |              |
| By:                             | (Signature)  |
|                                 | (Print name) |
| Title:                          |              |
| Date:                           |              |

### EXISTENCE OF SUBCONTRACTORS FORM

| Will y | you subcontract any part of this Work? Yes No If so, ple               | ease list the names, addresses and |
|--------|--|------------------------------------|
| licens | ses of the subcontractors to be used for the portions of the work list | ed below.                          |
|        | 1. SUBCONTRACTOR NAME  |                                    |
|        | SUBCONTRACTOR DUTY   |                                    |
|        | TYPE OF LICENSE:   |                                    |
|        | (Attach copy of subcontractor license)                                 |                                    |
|        | 2. SUBCONTRACTOR NAME  |                                    |
|        | SUBCONTRACTOR DUTY   |                                    |
|        | TYPE OF LICENSE:   |                                    |
|        | (Attach copy of subcontractor license)                                 |                                    |
|        | 3. SUBCONTRACTOR NAME  |                                    |
|        | SUBCONTRACTOR DUTY   |                                    |
|        | TYPE OF LICENSE:   |                                    |
|        | (Attach copy of subcontractor license)                                 |                                    |
|        | 4. SUBCONTRACTOR NAME  |                                    |
|        | SUBCONTRACTOR DUTY   |                                    |
|        | TYPE OF LICENSE:   |                                    |
|        | (Attach copy of subcontractor license)                                 |                                    |
|        | 5. SUBCONTRACTOR NAME  |                                    |
|        | SUBCONTRACTOR DUTY   |                                    |
|        | TYPE OF LICENSE:   |                                    |

(Attach copy of subcontractor license)

### EXPERIENCE/ REFERENCES

List five jobs, similar in size, completed by Proposer. List dollar amount, brief description reference name and phone number for each job.

| a. | Name of Project: _ |                      |                | _ Owner/Engineer:  |                      |
|----|--------------------|----------------------|----------------|--------------------|----------------------|
|    |                    |                      | Telephone No.: |                    |                      |
|    |                    |                      | Address:       |                    |                      |
|    |                    |                      |                | Date               | e Completed:         |
|    |                    | _ Value of Contract: |                |                    | Project Description: |
| b. | b: Name of Project | t:                   |                | Owner/Enginee      | r:                   |
|    |                    |                      |                | , 0                |                      |
|    |                    |                      |                |                    |                      |
|    |                    |                      |                | Date               | e Completed:         |
|    |                    | Value of Contract:   |                |                    |                      |
| c. | Name of Project:   |                      |                | Owner/Engineer     |                      |
| ٠. |                    |                      |                | _ owner, zingmeer. |                      |
|    |                    |                      |                |                    |                      |
|    |                    |                      | Date Started:  | Date               | e Completed:         |
|    |                    | _ Value of Contract: |                |                    | •                    |
| d. | Name of Project:   |                      |                | Owner/Engineer:    |                      |
|    | _                  |                      |                | _ , 0              |                      |
|    |                    |                      |                |                    |                      |
|    |                    |                      | Date Started:  | Date               | e Completed:         |
|    |                    | Value of Contract:   |                |                    | •                    |
| e  | Name of Project:   |                      |                | Owner/Engineer     |                      |
| С. |                    |                      |                | _ Owner, Engineer. |                      |
|    |                    |                      |                |                    |                      |
|    |                    |                      | Date Started:  | Date               | e Completed:         |
|    |                    | _ Value of Contract: |                |                    |                      |
|    |                    |                      |                |                    |                      |

### **Exhibits E AFFIDAVIT OF NON-COLLUSION**

| I state     | that I am                    | (title) of                                   | (name of firm) and that I am  |
|-------------|------------------------------|--|---|
| autho       | rized to make this aff       | fidavit on behalf of my firm, and its owners | , directors, and officers. I am the person responsible in my firm           |
| for the     | e price(s) and the am        | ount of this Offer.                          |   |
| I state (1) |                              | amount of this Offer have been arrived       | at independently and without consultation, communication of                 |
|             | agreement with an            | y other Proposer or potential Proposer.      |   |
| (2)         | That neither the p           | rice(s) nor the amount of this Offer, and a  | neither the approximate price(s) nor approximate amount of this             |
|             | Offer, have been d           | lisclosed to any other firm or person who i  | s a Proposer or potential Proposer, and they will not be disclosed          |
|             | before Solicitation          | opening.                                     |   |
| (3)         | No attempt has be            | en made or will be made to induce any fire   | n or person to refrain from bidding on this contract, or to submi           |
|             | an Offer higher th<br>Offer. | an this Offer, or to submit any intentional  | y high or noncompetitive Offer or other form of complementary               |
| (4)         | The Offer of my f            | irm is made in good faith and not pursuar    | at to any agreement or discussion with, or inducement from, any             |
|             | firm or person to s          | ubmit a complementary or other noncompe      | etitive Offer.  |
| (5)         |                              | (name of                                     | firm), its affiliates, subsidiaries, officers, directors and employees      |
|             | are not currently u          | under investigation by any governmental      | agency and have not in the last four years been convicted of or             |
|             | found liable for an          | ny act prohibited by State or Federal law in | n any jurisdiction, involving conspiracy or collusion with respec           |
|             | to bidding on any            | public contract, except as described in the  | attached appendix.  |
|             | I state that                 |  | (name of firm) understands and acknowledges that the above                  |
|             | representations are          | e material and important, and will be relied | on by the <u>City of Spartanburg</u> in awarding the contract(s) fo         |
|             | which this Offer is          | s submitted. I understand and my firm u      | nderstands that any misstatement in this affidavit is and shall be          |
|             | treated as fraudule          | ent concealment from the City of Spartan     | <b>purg</b> of the true facts relating to the submission of Offers for this |
|             | contract.                    |  |   |
|             | (Authorized Sig              | gnature)                                     |   |
|             | (Name of Com                 | apany/Position)                              |   |
|             | Sworn to and su              | ubscribed before me this d                   | ay of, 20   |
|             | -                            |  |   |
|             |                              | Notar  | y   |
|             |                              | 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%.

Any questions or any assistance please contact Mrs. Natasha Pitts.

**Contact Information** 

Phone 864-596-3449

Email <a href="mailto:npitts@cityofspartanburg.org">npitts@cityofspartanburg.org</a>

## INTENT TO PERFORM CONTRACT WITH OWN WORKFORCE

PERFORM 100% OF THE WORK REQUIRED, THE BIDDER WILL PROVIDE A LIST OF SUBCONTRACTORS TO PERFORM AND WILL PERFORM ALL ELEMENTS OF THE WORK PROJECT WITH HIS/HER OWN CURRENT WORK FORCES; AND IF THE BIDDER DOES NOT 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

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

verification by the Minority & Women Business Enterprise Program Coordinator and that submission of said information is an assertion of its accuracy. properly apprised of the upcoming City of Spartanburg project. Bidders/Responders are advised that the information contained herein is subject to The listing of an MWBE shall constitute a representation by the bidder/responder to City of Spartanburg that such MWBE has been contacted and 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:

| Notary Seal | Notary Signature | Subscribed and sworn to before me thisday of20 | Date: | Title: | Signature: |
|-------------|------------------|--|-------|--------|------------|
|             |                  |  |       |        |            |

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

## **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.

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

### MWBE SUBCONTRACTORS

|  |                  |                       | 1000                            |    |    |    |    |           | COMPANY            |
|--|------------------|-----------------------|---------------------------------|----|----|----|----|-----------|--------------------|
|  |                  |                       |                                 |    |    |    |    | CLASS     | MWBE               |
|  |                  |                       |                                 |    |    |    |    |           | CITY, STATE        |
|  |                  |                       |                                 |    |    |    |    |           | CONTACT            |
| MBE-B -<br>Amer  |                  | Tota                  | Total                           |    |    |    | 25 | 94        | PHONE              |
| MBE-B - African American MBE-S - Asian American MBE-H - Hispa<br>American WBE - American Woman MBE N/A - Native American | MWBE CLASS       | Total Contract Amount | <b>Total MWBE Participation</b> |    |    |    |    | PERFORMED | TYPE OF WORK TO BE |
| WBE-S - Asian American MBE-H - Hispanic<br>In Woman MBE N/A - Native American  | E CLASSIFICATION | \$                    | \$                              | \$ | \$ | \$ | \$ | AMOUNT    | SUBCONTRACT        |
| 3E-H - Hispanic<br>/e American   |                  |                       | %                               | %  | %  | %  | %  |           | % OF WORK          |

# NON-MWBE SUBCONTRACTORS

|                       |                              | =  |    |    |    | COMPANY                      |
|-----------------------|------------------------------|----|----|----|----|------------------------------|
|                       |                              |    |    |    |    | CLASS                        |
|                       |                              |    |    |    |    | CITY, STATE                  |
|                       |                              |    |    |    |    | CONTACT                      |
| lot                   | Total N                      |    |    |    |    | PHONE                        |
| Iotal Contract Amount | Total Non-MWBE Participation |    |    |    |    | TYPE OF WORK TO BE PERFORMED |
| V                     | \$ 45                        | \$ | \$ | \$ | \$ | SUBCONTRACT<br>AMOUNT        |
|                       | %                            | %  | %  | %  | %  | % OF WORK                    |

CERTIFICATION OF NON-SEGREGATED FACILITIES – YEAR 2019 We, (print company name:)\_\_\_\_\_\_\_, certify to City of Spartanburg, South Carolina we do not and will not maintain or provide for our employees any segregated facilities at any of our establishments, and that we do not and will not permit our employees to perform their services at any locations, under our control, where segregated facilities are maintained. We understand and agree that a breach of this certification is a violation of the Equal Opportunity clause. As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, rest rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation and housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on the basis of race, religion, color or national origin because of habit, local custom or otherwise. We further agree that --- except where we have obtained identical certifications from proposed Subcontractors for specific time periods --- we will obtain identical certifications from proposed Subcontractors prior to the award of Subcontracts exceeding which are not exempt from the provisions of the Equal Opportunity clause; that we will retain such certifications in our files; and that we will forward the following notice to such proposed Subcontractors (except where the proposed Subcontractors have submitted identical certifications for

specific time periods). NOTE: Whoever knowingly and willfully makes any false, fictitious or fraudulent

PLEASE COMPLETE BELOW AND INCLUDE THIS IN THE BID PACKAGE

representation may be liable to criminal prosecution under 18 U.S.C. 1001.

| Name of Company Representative: _ |       |  |
|-----------------------------------|-------|--|
| Title:                            |       |  |
| Signature:                        | Date: |  |