

To: City of Etowah, TN

From Name of Company:

Date:

Ref: Iran Divestment Act

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to 12-12-106.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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Affidavit  
(must be attached to bid form upon submission)

STATE OF TENNESSEE  
COUNTY OF McMinn

DRUG-FREE WORKPLACE AFFIDAVIT  
OF PRIME BIDDER

NOW COMES AFFIANT, who being duly sworn, deposes and says:

1. He/She is the principal officer for \_\_\_\_\_.
2. That the bidding entity has submitted a bid to The City of Etowah for the construction of \_\_\_\_\_;
3. That the bidding entity employs no less than five (5) employees;
4. That Affiant certifies that the bidding entity has in effect, at the time of submission of its bid to perform the construction referred to above, a drug-free workplace program that complies with §50-9-113, *Tennessee Code Annotated*.
5. That this affidavit is made on personal knowledge.

Further Affiant saith not.

\_\_\_\_\_  
AFFIANT

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires: \_\_\_\_\_



**Monitoring of Contractors/Consultants**

**Name of Contractor:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**The below Title VI Assurance is to Be Submitted on Company Letterhead:**

**Contractor/Consultant Name** assures that no person shall on the grounds of race, color, national origin, or sex, as provided by Title VI of the Civil Rights Act of 1964 and as amended, and the Civil Rights Restoration Act of 1987 (P.I. 100.259) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the Tennessee Department of Transportation (TDOT).

**DECLARATION OF RESPONDENT:** I declare that I have completed this form to the best of my knowledge and believe it to be true and correct.

\_\_\_\_\_  
**Name of Authorized Official**

\_\_\_\_\_  
**Date**