

**EXHIBIT A**  
**DRUG-FREE WORKPLACE CERTIFICATION**

THE BELOW SIGNED Respondent CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the work place and specifying the actions that will be taken against employees for violation of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction or plea of guilty or nolo contendere to any violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in the employee's community, by an employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Company: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_



**EXHIBIT B**  
**EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION**

The City requires compliance with State and Federal regulations governing Equal Employment Opportunity, External Equal Opportunities (EO), External On-the-Job Training (OJT), Title VI, and the Americans with Disabilities Act (ADA) programs.

*Sub-recipients of federal-aid contracts must include notifications in all solicitations for bids of work or material and agreements subject to Title VI of the Civil Rights Act of 1964 and other nondiscrimination authorities. Sub-recipients, contractors and subcontractors may not discriminate in their employment practices or in the selection and retention of any subcontractor.*

By signing this document, the Respondent hereby certifies their commitment to assure nondiscrimination in its programs and activities to the effect that no person shall on the grounds of race, color, national origin, sex, age, disability or income status be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any federally or non-federally funded program or activity administered by the sub-recipient and/or its contractors.

Respondent Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Authorized Representative Name and Title: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Witness (Print Name and Sign): \_\_\_\_\_



**EXHIBIT C**  
**COMPLIANCE WITH ILLEGAL IMMIGRATION ACT**

By signing the Proposal, the Respondent certifies that it will comply with the applicable requirements of the Georgia Illegal Immigration and Enforcement Act of 2011 (Act) and agree to provide to the State upon request any documentation required to establish either; (a) that the Act is inapplicable to the Respondent and its subcontractors or sub-subcontractors; or (b) that the respondent and its subcontractors or sub- subcontractors are in compliance with the Act.

Respondent agrees to include in any contracts with subcontractors, language requiring subcontractors to (a) comply with applicable requirements of the Act and (b) include in their contracts with the sub- contractors language requiring the sub-subcontractors to comply with the applicable requirements of the Act

RFP Name: Annual Disaster Debris Removal, Reduction and Disposal Services

Contractor/Vendor Name:

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Address:

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Authorized Representative Name and Title:

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Signature of Authorized Representative:

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Witness (Print Name and Sign):

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**EXHIBIT D**  
**NON-COLLUSION OATH**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the Undersigned, a Notary Public, for and in the County and State aforesaid, personally appeared:

\_\_\_\_\_ and made oath that the Respondent herein, its agents, servants, and/or employees, to the best of its knowledge and belief, have not in any way colluded with anyone for and on behalf of the Respondent, or themselves, to obtain information that would give the Respondent an unfair advantage over others, nor have they colluded with anyone for and on behalf of the Respondent, or themselves, to gain any favoritism in the award of the Contract.

\_\_\_\_\_  
Affiant

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_.

(stamp) \_\_\_\_\_  
Signature of Notary Public  
State of \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_



**EXHIBIT E  
GOOD FAITH AFFIDAVIT**

I have carefully examined this RFP for Annual Disaster Debris Removal, Reduction and Disposal Services which includes scope, requirements for submission, general information and the evaluation and award process.

I hereby propose to provide the services requested in the City's RFP and, if awarded, enter into a contract with the City. I agree that the terms and conditions of the City's RFP shall take precedence over any conflicting terms and conditions submitted with my proposal and agree to abide by all conditions of the RFP, unless a properly completed Exceptions to Solicitation form is submitted. I acknowledge that the City may not accept the proposal due to any exceptions.

I certify that all information contained in my proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this proposal on behalf of the company as its agent and that the company is ready, willing and able to perform if awarded a contract.

I further certify, under oath, that this proposal is made without prior understanding, agreement, connection, discussion or collusion with any other person, company or corporation submitting a proposal for the same product or service; no gratuities, gifts or kick-backs were offered or given by the Respondent or anyone on its behalf to gain favorable treatment concerning this procurement; no elected official, employee or agent of City or of any other company is interested in said proposal; and that the undersigned executed this Proposer's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Telephone Number/Fax Number

\_\_\_\_\_  
Name & Title, Typed

\_\_\_\_\_  
Email Address

State of \_\_\_\_\_

County of \_\_\_\_\_

This foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary

