

Instructions: Each contractor and sub-contractor must complete this form

PRIME or SUB-CONTRACTOR:		

NAME OF FIRM: \_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_

1) Company Information:

• Please attach a brief biography/resume of the company, including the following information:

- Year Firm was established
- Year Firm was established in [Jurisdiction]
- Former Name and year Established (if applicable)
- Name of Parent Company and Date Acquired (if applicable)

# 2) Principals / Partners

• List the name, title, and percentage of ownership for the Principals / Partners in the Firm in the table below.

NAME	TITLE

# 3) Project Manager / Supervisory Personnel

• List below the individual(s) or supervisory personnel that will work on the project

NAME	TITLE

4)	Federal	Tax ID	Number:	

5) Business License Number [Appropriate Jurisdiction: \_\_\_\_\_\_

6) State of (list state) License Type and Number: \_\_\_\_\_\_

# **PROFILE OF FIRM FORM (continued)**

7) Worker's Compensation Insurance Carrier: \_\_\_\_\_\_

a. Policy Number: \_\_\_\_\_

b. Expiration Date: \_\_\_\_\_

8) General Liability Insurance Carrier: \_\_\_\_\_

- a. Policy Number: \_\_\_\_\_
- b. Expiration Date: \_\_\_\_\_

9) Professional Liability Insurance Carrier: \_\_\_\_\_

- a. Policy Number: \_\_\_\_\_
- b. Expiration Date: \_\_\_\_\_

10) Debarred Statement

Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of Georgia, or any local government agency within or outside the State of Georgia?

YES \_\_\_\_ or NO \_\_\_\_

12) Disclosure Statement

Does this firm or any principals thereof have any current, past, personal, or professional relationship with any Commissioner or Officer of the Decatur Cooperative Ministry ?

YES \_\_\_\_ or NO \_\_\_\_

13) Non-Collusive Affidavit

(initials:\_\_\_\_\_) The undersigned party submitting this proposal hereby certifies that such proposal is genuine and not collusive and that said proposer entity has not colluded, conspired, connived, or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal or to refrain from proposing and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any person, to fix the proposal price, or that of any other proposer or to secure any advantage against the Decatur Cooperative Ministry or any person interested in the proposed contract; and that all statements in said proposal are true.

# 14) Verification Statement

(initials:\_\_\_\_\_) The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if Decatur Cooperative Ministry discovers that any information entered herein is false, that Decatur Cooperative Ministry will not consider nor make award to and may cancel any award with the undersigned party.

#### **PROFILE OF FIRM FORM (continued)**

\_\_\_\_\_\_ is very aware of the opportunity to provide training and employment opportunities to Section 3 residents (low and very-low income).

\_\_\_\_\_ intends to:

1. Hire new employees from DeKalb County Workforce Development for this project.

Yes \_\_\_\_ No \_\_\_\_

2. Utilize subcontractors located in DeKalb county to complete this project.

Yes\_\_\_ No\_\_\_

To the greatest extent feasible, the prime contractor and/or subcontractors will provide training and employment opportunities to Section 3 residents and Section 3 business concerns. Efforts will be made to employ Section 3 residents at all job levels. (initials:\_\_\_\_\_)

# These efforts will include actions that are checked:

# **REQUIREMENTS FOR FEDERALLY ASSISTED CONSTRUCTION PROJECTS**

This project is funded wholly (or in part) by the Community Development Block Grant Program. Since this is a federally funded project, there are a number of federal requirements that must be followed, including the Davis-Bacon Act (DBA), the Contract Work Hours and Safety Standards Act (CWHSSA), the Copeland Act (Anti-Kickback Act), and the Fair Labor Standards Act (FLSA) and others.

The contractor is responsible for labor standards compliance of all subcontractors and lower-tier contractors and for ensuring that the Labor Standard Provisions for this project and the applicable wage decisions are included in all subcontractors and lower-tier contracts. In addition to complying with federal regulations, the contractor is also –<u>required to attend</u> a pre-construction meeting with the DeKalb County Community Development staff prior to starting construction.

#### Fair Housing and Equal Opportunity

(initials:\_\_\_\_\_) <u>Title VI of the Civil Rights Act of 1964, As amended</u>:

No person may be excluded from participation in, denied benefits of, or subjected to discrimination under any program or activity receiving Federal assistance on the basis of race, color or national origin. The regulations implementing the Title VI Civil Rights Act provisions for HUD programs are found in 24 CFR Part 1.

(initials:\_\_\_\_\_) Age Discrimination Act of 1975, As Amended:

Prohibits age discrimination in programs receiving Federal financial assistance. Regulations may be found in 24 CFR Part 146.

(initials:\_\_\_\_\_) Section 109 of Title I of the Housing and Community Development Act of 1974: Requires that no person shall be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity funded with CDBG funds on the basis of race, color, religion, national origin or sex.

#### **Handicapped Accessibility**

#### Americans with Disabilities Act:

(initials:\_\_\_\_\_) The Act provides comprehensive civil rights to individuals with disabilities in the area of employment, public accommodations, state and local government services and telecommunications. The Act also states that discrimination includes the failure to design and construct facilities that are accessible to and usable by persons with disabilities. This Act also requires the removal of architectural and communication barriers that are structural in nature in existing facilities. Removal must be readily achievable, easily accomplishable and able to be carried out without much difficulty or expense.

# Section 504:

(initials:\_\_\_\_\_) Section 504 of the Rehabilitation Act of 1973 prohibits discrimination in Federally assisted programs on the basis of handicap.

# Architectural Barriers Act of 1968:

(initials:\_\_\_\_\_) Federal and Federally-funded buildings and other facilities to be designed, constructed or altered in accordance with standards that ensure accessibility to, and use by, physically handicapped people.

# **Employment and Contracting**

#### Equal Employment Opportunity, Executive Order 11246, as amended:

(initials:\_\_\_\_\_) Prohibits discrimination against any employee or applicant for employment because of race, color, religion, sex or national origin. Provisions to effectuate this prohibition must be included in all construction contracts exceeding \$10,000.

#### Section 3 of the Housing and Urban Development Act of 1968:

(initials:\_\_\_\_\_) Requires that, to the greatest extent feasible, opportunities for training and employment arising from CDBG will be provided to low-income persons residing in the program service area. To the greatest extent feasible, contracts for work to be performed in connection with CDBG will be awarded to business concerns that are located in or owned by persons residing in the program service area.

#### Minority/Women's Business Enterprise:

(initials:\_\_\_\_\_) Grantees must prescribe procedures acceptable to HUD for a minority outreach program to ensure the inclusion to the maximum extent possible, of minorities and women, and entities owned by minorities and women, in all contracts.

# **PROFILE OF FIRM FORM (continued)**

#### Davis-Bacon and Related Acts:

(initials:\_\_\_\_\_) Ensures that mechanics and laborers employed in construction work under Federally assisted contracts are paid wages and fringe benefits equal to those that prevail in the locality where the work is performed. This act provides for the withholding of funds to ensure compliance, and excludes from the wage requirements apprentices enrolled in bona fide apprenticeship programs.

# The Contract Work Hours and Safety Standards Act (CWHSSA)

(initials:\_\_\_\_\_) This Act requires time and one-half pay for any overtime hours worked on the covered project. Overtime hours is defined as hours worked in any one workweek in excess of 40 hours.

# The Copeland Act (Anti-Kickback Act)

(initials:\_\_\_\_\_) This Act prohibits any employer from requiring a laborer or mechanic to kickback any part of their wages. In accordance with this Act, every employer (contractors and subcontractors) must submit weekly payrolls for review.

# Fair Labor Standards Act:

(initials:\_\_\_\_\_) Establishes the basic minimum wage for all work and requires the payment of overtime at the rate of at least time and one-half. It also requires the payment of wages for the entire time that an employee is required or permitted to work, and establishes child labor standards.

# Conflict-of-Interest:

(initials:\_\_\_\_\_) In accordance with 24 CFR 570.611, no person who exercises (or has exercised) any functions or responsibilities with respect to CDBG activities (or who is in the position to participate in decisions or gain inside information) may obtain a financial interest or benefit from a CDBG activity or have an interest in any contract, subcontract, or agreement for themselves or for persons with business or family ties.

We understand that the above listed activities are required in the contract with <u>Decatur Cooperative</u> <u>Ministry</u> and that these activities will be monitored by DeKalb County Community Development staff. In addition, there are specific reporting requirements that are identified in the contract. Non-compliance will be deemed a violation of the Contract and will result in payment being withheld and termination of the Contract.

Signed:

Printed Name of Owner/Representative

Signature of Owner/Representative Date

Name of Firm/Company