

The Contractor, or agent, partner, employee or officer of the Contractor, is not debarred, suspended, proposed for debarment or declared ineligible from contracting with any unit of state or local government. Yes [] No []

EOE Compliance

Contractor is in compliance with provisions of Section 2000e of Chapter 21, Title 42 of the United States Code and Federal Executive Order No. 11246 as amended by Executive Order No. 11375 (known as the Equal Opportunity Employer provisions). Yes [] No []

Subcontractors

Contractor disclosed the name and address of each subcontractor for whom the contractor has accepted a bid and/or intends to hire on any part of the project (Form A). Yes [] No []

Contractor provided this *Affidavit of Compliance* to all of the above-referenced subcontractors.
Yes []
No []

Certificate of Insurance

Attached are certificates of insurance showing the following coverage:

General Liability	Yes [] No []
Workers' Compensation	Yes [] No []
Automobile Liability	Yes [] No []

Prevailing Wage Compliance

Contractor has complied with all provisions of the federal Davis-Bacon and related Acts, and all rules and regulations therein, for the past five (5) years.

No [] Yes []

Contractor has reviewed the federal Davis-Bacon Act and related Acts. Yes [] No []

Contractor will pay the prevailing wage rates, if applicable. N/A [] Yes [] No []

Contractor will strictly comply with applicable prevailing wage laws. N/A [] Yes [] No []

Contractor has not been found by the United States Department of Labor to be in violation of the federal Davis-Bacon Act or a related Act twice within a three year period.

(“Yes” indicates compliance with the Act): Yes [] No []

If the above answer is “No,” list the date(s) of the Department’s finding of a violation:

Participation in Approved Apprenticeship Program(s)

Contractor participates in apprenticeship and training programs applicable to the work to be performed on the project, which are approved by and registered with the United States Department of Labor’s Office of Apprenticeship, or its successor organizations. Yes [] No []

Describe supporting documentation attached (e.g. Standards of Apprenticeship, Apprenticeship Agreement):

Drug Testing

Contractor has a written plan for employee drug testing; Yes [] No []

OR

Contractor has signed a collective bargaining agreement that establishes an employee drug testing program. Yes [] No []

Employee Classification

Contractor's employees who will perform work on the project are properly classified as an employee or independent contractor under all applicable state and federal laws and local ordinances (Form B). Yes [] No []

Workers' Compensation

Contractor's employees who will perform work on the project are:

Covered under a current workers' compensation policy: Yes [] No []

Properly classified under such policy: Yes [] No []

Describe supporting documentation attached:

Fringe Benefits

Contractor’s employees who will perform work on the project are covered by a health and welfare plan. Yes [] No []

Contractor’s employees who will perform work on the project are covered by a retirement plan. Yes []
No []

List of employees attached (Form B). Yes [] No []

Describe supporting documentation attached (e.g. plan documents, SPDs, or employee statement declining coverage):

Professional or Trade Licenses:

Contractor will possess all applicable professional and trade licenses required for performing the Contract work: Yes [] No []

License	Number	Date Issued	Current Expiration	Holder of License

If any of the above license(s) have been revoked or suspended, state the date and reason for suspension/revocation:

Documentation Attached (Contractor must initial next to each item):

- _____ **Form A:** Name and address of subcontractors from whom Contractor has accepted a bid or intends to hire to perform work on any part of the project.
NOTE: All subcontractors shall complete and submit an Affidavit of Compliance no later than the date and time of the contract award.
- _____ **Form B:** List of individuals who will perform work on the project on behalf of the Contractor, verifying that each individual is properly classified as an employee or independent contractor. Contractor also verifies that all Contractor's employees are covered under a current workers' compensation policy, properly classified under the workers' compensation policy, and covered by a health and welfare and retirement plan.
- _____ **Certificate of Good Standing**
(or other evidence of compliance with laws pre-requisite to doing business in the state)
- _____ **Certificates of Insurance**
- _____ **Standards of Apprenticeship/Apprentice Agreements**
- _____ **Fringe Benefit Coverage** (Health & Welfare / Retirement)
- _____ **Substance Abuse Prevention program** (or applicable provision from CBA in effect)
- _____ **Workers' Compensation Coverage**
- _____ **Professional or Trade Licenses**

Additional Information Required

If required in the bid specifications, Contractor shall complete items I and/or II below:

I. Record of past three (3) years experience on public construction projects.

Public Body/ Project Name/Year	Reference Name/ Phone #	Original Price/ Final price	Subcontractors

- II. List any determinations by a court or governmental agency for violations of federal, state or local laws, including but not limited to violations of contracting or antitrust laws, tax or licensing laws, environmental laws, the Occupational Safety and Health Act (OSHA), the National Labor Relations Act (NLRA), or federal Davis-Bacon and related Acts.

Date	Law	Determination	Penalty

VERIFICATION

I certify that I am authorized to execute this Affidavit of Compliance on behalf of the Contractor set forth on page one (1), that I have personal knowledge of all the information set forth herein and that all statements, representations, information and documents provide in or with this Affidavit and attachments hereto are true and accurate.

The Contractor may report any change in any of the facts stated in this Affidavit within fourteen (14) days of the effective date of such change by completing and submitting a new Affidavit. Failure to comply with this requirement is grounds for the Contractor to be deemed a non-responsible bidder.

Signature of Authorized Officer

Name of Authorized Officer (Print or Type)

Title

Telephone Number

State of Iowa
County of _____

Subscribed and sworn to
before me this _____ day of
_____, 200__.

Notary Public Signature & Seal