

NON-COLLUSION AFFIDAVIT

City of _____

County of _____

State of _____

_____ being first duly

sworn, deposes and says that he is _____
(sole owner, partner, president, etc.)

of _____, the party making the foregoing proposal or bid; that such bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived, or agreed directly or indirectly with any bidder or person, to put in a sham bid, or that such other person shall refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, communication or conference, with any person, to fix the bid price of affiant or any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the City of Twinsburg, Ohio or any person or persons interested in the proposed contract; and that all statements contained in said proposal or bid are true; further, that such bidder has not, directly or indirectly, submitted this bid, or the contents thereof, or divulged information or data relative thereto to any association or to any member or agent thereof.

Owner's Signature

Sworn and subscribed before me this _____ day of _____, 20 _____.

Notary Public in and for

_____ County, Ohio

My Commission Expires:

_____, 20 _____.

Qualifications of Bidder Affidavit
(Bidders Must Complete This Page)

I, _____, do hereby certify that
(Name & Title of Person Signing Affidavit)

_____ bidder of Contract For
(Company Name)

(Contract Name)

Is a responsible bidder by all items stated in Qualifications of Bidders as follows:

To be considered Responsible, a ***Bidder Must***:

1. Maintain a permanent place of business.
2. Have adequate equipment to do the work properly and expeditiously.
3. Have suitable financial status to meet obligations incident to the work (a "Financial Statement of Bidder must be files with each Bid).
4. Have had experience on projects of similar character and magnitude. An Experience Sheet must be filed with each Bid on forms provided in the Contract.
5. Not to be in debt to the City of Twinsburg or involved in litigation with the City.
6. Have been in the construction business for at least ten years performing this form of construction work.
7. Not have been disqualified from any public project by virtue of having been found to be not responsible.
8. Not have had a performance bond cancelled or had a claim paid or successfully adjudicated against the Bidder on a performance bond.
9. Not have been fined or had penalties imposed as a result of untimeliness in completing a project, except that if a Bidder voluntarily agreed to pay said fines and/or penalties, such cooperation may negate any disqualification this condition.
10. Not have been found in default of any material term or condition of any contract or failed to complete any project in accordance with contract requirements.
11. Not have been found to have violated any employment discrimination law.
12. Not have been found to have committed an unfair labor practice or any other labor law violation (e.g., FLSA, FMLA).
13. Not have been found to have violated the workers compensation law and must be a complying employer under the Workers Compensation Laws of the State of Ohio.
14. Not have been found to have violated either State of Federal prevailing wage laws.
15. Not have been found to have committed more than one willful or repeated OSHA violation in the last five years.
16. Not have failed to file any required tax returns of failed to pay any required taxes to any governmental entity.

17. Be enrolled in the Ohio Bureau of Workers Compensation Drug-Free Workplace Program or a similar program approved by the Bureau of Workers Compensation. Said program shall include a written substance abuse policy, drug/alcohol educational awareness, substance testing and assistance for all employees; and training for the supervisors of contractors and subcontractors.
18. Have a written safety and health program that includes training, inspections and a complaint procedure.
19. Have at least four satisfactory references from the most recently completed projects of similar size, scope and cost.
20. Currently employ, or have a reliable source for hiring, sufficient qualified, skilled, safety trained workers to perform the project.
21. Not have a restriction imposed by another community on high level management personnel or superintendent preventing work privileges or involvement on a project.
22. Not have had any professional licenses, permits, or certificates suspended or revoked.
23. Not have been convicted of a criminal offense in connection with obtaining, attempting to obtain, and/or performing any public or private contract.
24. Not have been convicted of a felony, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements under oath or by affidavit, tax evasion and receiving/selling stolen property.
25. Not having filed bankruptcy or financial reorganization within the last eight years.
26. Not having been denied bonding by a surety/insurance company within the last eight years.
27. Not having a claim against your bonding company within the last eight years.

Any of the above items requiring submission of information for clarification/explanation must be submitted with this document. Any false statement discovered by the City will disqualify Bidder from this Contract and be subject to making false statements on an Affidavit to obtain public work.

Signature of Officer Or Agent

Sworn to and subscribed in my presence this ____ day of _____, 2015.

Notary Public

BIDDER'S SIGNATURE AND OWNERSHIP

(Bidders must complete this page)

On acceptance of the proposal for said work _____
do hereby bind _____ this _____ day
of _____, 2015, to enter into a written contract with the CITY OF TWINSBURG
within thirty (30) days from date of notice of award.

IF AN INDIVIDUAL, SIGN BELOW:

IF AN INDIVIDUAL DOING BUSINESS UNDER A TRADE NAME, SIGN BELOW:

(Trade Name) (Post Office Address)

Sole Owner

By: _____

IF A PARTNERSHIP, SIGN BELOW:

(Name of Partnership) (Post Office Address)
By: _____

(Partner) (Post Office Address)

(Partner) (Post Office Address)

IF A JOINT BID, SIGN BELOW:

(Name) (Name)

By: _____ By: _____

(Post Office Address) (Post Office Address)

IF A CORPORATION, SIGN BELOW:

_____, incorporated under the laws of the
State of _____.

By: _____

(Signature and Title of Person Signing)

AGREEMENT

THIS CONTRACT, made and entered into by and between the City of Twinsburg, a Municipal Corporation, located in Summit County, Ohio, hereinafter referred to at times as "City" and _____ hereinafter referred to at all times as the "Contractor".

WITNESSETH

WHEREAS, the City of Twinsburg, (the "City"), pursuant to authorization by the Council of the City of Twinsburg, OH, advertised for and received bids for "*HVAC Systems – Municipal Buildings 2015*" in accordance with the specifications for said services, prepared by Christopher Campbell, Public Works Director, and on file in the office of the Clerk; and

WHEREAS, the Clerk of this Council did cause legal notice for advertisement of such bids to be published in the Cleveland Plain Dealer and cleveland.com soliciting such bids for two (2) consecutive weeks according to law, to wit: April 22, April 29 with bid opening on May 7, 2015 at 9:00A.M. EST.; and

WHEREAS, the contractor did on or about the 30th day of October, 2013, submit a bid proposal with supporting documentation for "*HVAC Systems – Municipal Buildings 2015*" and to perform such work as may be incidental thereto;

WHEREAS, the City has determined that the Bid by the contractor was the lowest and the best bid submitted therefore and approved the same pursuant to the City Ordinance.

NOW, THEREFORE, in consideration of the following mutual agreement and covenants, it is understood and agreed by and between the parties hereto as follows:

1. The Contractor hereby agrees to render said services for the term of the contract and in accordance with the Contract Documents and is hereby granted the sole and exclusive franchise, license and privilege within the territorial jurisdiction of the City to accomplish that work in accordance with the Contract Documents. The Contractor shall furnish all personnel, labor, equipment, and all other items necessary to provide the services specified and to perform all work called for and described in the Contract Documents.
2. The City agrees to pay to the Contractor for the said work in accordance with the terms and conditions specified in the Contractor's bid submitted to and accepted by the City.
3. The Contract Documents shall include the following documents, and this Contract does hereby expressly incorporate the same herein as if fully set forth herein:

- a. The City Ordinance authorizing the services contemplated herein:
 - b. The Invitation for Bids
 - c. The Instructions to Bidders
 - d. The Specifications
 - e. The Bid Proposal Documents submitted by the Contractor
 - f. The Non-Collusion Affidavit
 - g. Agreement / Witness
 - h. The Certification of Personal Property Tax
 - i. This Instrument; and
 - j. Any Addenda or changes to the foregoing documents issued in accordance therewith or agreed to by the parties hereto.
4. All provisions of the Contract Documents shall be strictly complied with and conformed to by the Contractor, and no amendment to this Contract shall be made except upon the written consent of the parties, which consent shall not be unreasonably withheld. No amendment shall be construed to release either party from any obligation of the Contract Documents except as specifically provided for in such amendment.

CERTIFICATION OF PERSONAL PROPERTY TAX

State of _____) s.s.

County of _____)

Before me, a Notary Public, in and for said County and State, personally appeared _____ who, being duly sworn that he/she
(Name)

is the owner or an officer of _____,
(Company)

and having been awarded a public contract let by competitive bid, and that by this statement, says that at this time neither he/she nor the corporation is charged with any delinquent personal property taxes on the general list of personal property of any county, or that the attached hereto is a list of all delinquent personal property taxes charged against him/her or the corporation.

(Name of Company)

By: _____
(Signature)

Sworn to before me and signed in my presence this ____ day of _____, 2015.

(Notary Public)

This certification is in compliance with Section 5719.042 of the Ohio Revised Code, which requires a certification of delinquent personal property tax by any successful prior to the execution of the contract of a political subdivision and in the event there are any due and unpaid delinquent taxes, a copy of this statement shall be transmitted to the County Treasurer within thirty (30) days.

City of Twinsburg

Katherine A. Procop
Mayor



Division of Building
Housing and Zoning

Re: Registration for Contractor's License

To All Contractors:

Please find enclosed the necessary forms for filing your registration application for a Contractor's City of Twinsburg License. Please complete the enclosed forms along with your registration fee of \$75.00, Bond (**use Twinsburg's Bond Form**), Certificate of Insurance (City of Twinsburg co-insurance), and a **self addressed stamped envelope**.

All Electric, Plumbing, Sprinkler, Refrigeration, and Mechanical Contractors for non-residential applications shall include a current state license through the current calendar year.

Your application will NOT be processed & shall be returned if any required information is deleted or not enclosed.

Please note on the application the Division of Building is requesting an email address and fax number.

If you have any further questions, please call the Division of Building at 330-963-6270.

Thank you for your cooperation.

Sincerely,



Russell J. Rodic, CEO
Building Commissioner

**City of Twinsburg
Building Department
10075 Ravenna Rd.
Twinsburg, Ohio 44087
330-963-6270**

PROCEDURE FOR OBTAINING A REGISTRATION

The Codified Ordinance for the City of Twinsburg § 1325.01, requires that contractors engaged in the building or allied trades working within the City boundaries, must be registered.

Contractors working in more than one classification must secure a registration for every classification.

<input type="checkbox"/> General Building Contractor	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Electrical	<input type="checkbox"/> HVAC/Refrigeration
<input type="checkbox"/> Cement/ Asphalt	<input type="checkbox"/> Sign
<input type="checkbox"/> Sewer/Excavator	<input type="checkbox"/> Piping
<input type="checkbox"/> Siding Applicator	<input type="checkbox"/> Landscaping

REGISTRATIONS are issued for the calendar year, starting January 1st and any date thereafter during the year, and expire December 31st of the same year. The fee is \$75.00 a year or any portion thereof (Ordinance 93-1996)

REGISTRATION PROCEDURE:

1. Obtain from the Building Department for EACH classification in which registration is desired:
 - An Application Form, and
 - \$10,000 Contractor's Bond on City of Twinsburg Bond Form only

2. Submit to the Building Commissioner:
 - ***Completed Application Form*** signed by an officer of your company. If using a P.O. Box, include your street address.
 - ***Registration Fee*** of \$75.00 for each registration required
 - ***Contractor's Bond*** on Twinsburg Bond Form
 - ***Certificate of Insurance*** Bodily Injury limits \$1,000,000/\$300,000 and Property Damage limits \$50,0000
 - ***A copy of your State License*** (Electric, Plumbing, Mechanical Sprinkler, & Refrigeration Contractors)
 - ***Regional Income Tax Agency Business Registration Form***

Incomplete forms will be returned to the applicant; and remember to include a self addressed, stamped envelope.

City of Twinsburg
Building Department
10075 Ravenna Rd.
Twinsburg, Ohio 44087
330-963-6270

APPLICATION FOR REGISTRATION OF CONTRACTORS

Federal ID No: _____ Date: _____

Firm Name: _____

Firm Address: _____

Firm City: _____ State _____ Zip _____

Type of Contractor: _____ Phone: _____

E-mail: _____ Fax: _____

Experience and Qualifications: _____

Print Applicant's Name

Applicant's Signature

TO BE COMPLETED BY BUILDING COMMISSIONER:

Insurance: BI \$1,000,000/\$300,000 and PD \$50,000 _____
Yes/No Expiration Date

Fee: \$75.00 (Ord. 93-1996) Date Paid _____

Approved Denied _____
Building Commissioner Date

Appeal to Board of Building and Zoning Appeals:
 Approved Denied _____
Date Number

CITY OF TWINSBURG, OHIO

Bond Number _____
Contractor's Bond _____

KNOW ALL MEN BY THESE PRESENTS: that we, _____
_____ as principle and _____
_____ as surety, and held and firmly bound unto
the _____
in the sum of Ten Thousand Dollars (\$10,000.), for the payment of which will truly be
made, we jointly and severally bind ourselves, our successors heirs, executors,
administrators and assigns.

THE CONDITION OF THE OBLIGATION is such that whereas the
said _____ has made application to
the Building Commissioner for registration as a contractor in the City of Twinsburg.

NOW, if the said _____
Shall be authorized to act as a _____ contractor
entitling him to construct and/or repair any building; or install, re-install, repair, in
whole or in part, reset, alter, convert, and move any proposed or existing system within
the corporate limits of said municipality, for the CURRENT CALENDAR YEAR, and
shall fully and faithfully comply with all the existing provisions of the Building Code
and other ordinances and regulations of the said municipality, or which may be
established in relation to doing said work, and shall indemnify and save harmless the
property owner and the lessee, tenant or other person contracting for the aforesaid work
and materials, guaranteeing that all workmanship and materials are in conformity with
the said Building Code and other laws of the City of Twinsburg, to protect the
municipality and the said property owner, lessee, tenant or other person contracting for
the aforesaid services, from all loss and damage that may be occasioned in any way by
accident, negligence or want of care, skill or attention by the principal or the agents of
the principal in performing such work, then this obligation shall be void; otherwise to
remain in full force and virtue of law.

EFFECTIVE DATE _____ EXPIRES _____

WITNESS our hand and seal this _____ day of _____

Principal

Surety

By: _____

By: _____

Attorney-in-fact



FEDERAL IDENTIFICATION NUMBER _____

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR) _____

FILING STATUS: CORPORATION ESTATE/TRUST LLC NON-PROFIT PARTNERSHIP S-CORP. SOLE PROPRIETOR

RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES

BUSINESS NAME: _____ PHONE: (_____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS

NAME: _____ PHONE: (_____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY? _____

PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE.

NAICS _____ TRANSPORTATION NON MANUFACTURING MANUFACTURING WHOLESALE
 RETAIL FINANCE SERVICES PUBLIC ADMINISTRATION NON CLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY ONE) YES NO ARE CONTRACTORS UTILIZED? (CHECK ONLY ONE) YES NO
*IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT RITA LOCATION: _____ MONTHLY GROSS PAYROLL AT RITA LOCATION: _____

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? YES NO

SEND WITHHOLDING TAX FORMS TO

BUSINESS NAME: _____ PHONE: (_____) _____

CARE OF: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR _____ / _____ / _____
MONTH DAY YEAR

SEND NET PROFIT TAX RETURN TO

BUSINESS NAME: _____ PHONE: (_____) _____

CARE OF: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____ PHONE: _____

CONTRACTOR INFORMATION

MUNICIPALITY: _____

BUILDING PERMIT #: _____

ADDRESS OF CONSTRUCTION SITE: _____

TOTAL CONTRACT AMOUNT: \$ _____

As the contractor, will your company be withholding local income tax from all employees on the job? YES NO

COMPANY/ADDRESS - CITY, STATE AND ZIP	OFFICER/OWNER NAME PHONE NUMBER	SOCIAL SECURITY OR FEDERAL I.D. NUMBER	ESTIMATED START DATE	NUMBER OF EMPLOYEES	ESTIMATED WAGES PER MONTH	TRADE
BCS 0021-RE-01-OR						
BCS 0021-RE-01-OR						
BCS 0021-RE-01-OR						
BCS 0021-RE-01-OR						
BCS 0021-RE-01-OR						
BCS 0021-RE-01-OR						
BCS 0021-RE-01-OR						

If necessary attach a separate sheet

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

CLEVELAND LOCAL: (440) 526-0900
COLUMBUS LOCAL: (614) 538-0512
YOUNGSTOWN LOCAL: (330) 743-3400

TDD: (440) 526-5332
TOLL FREE: 1-(800) 860-RITA (7482)
FAX: (440) 526-3136