

FORM A

INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY

If the Proposer is submitting as a joint venture, please be advised that this form (3 pages) **MUST** be completed and the REQUESTED written joint-venture agreement **MUST** be attached and submitted with this form.

1. Name of joint venture: _____

2. Address of joint venture: _____

3. Phone number of joint venture: _____

4. E-Mail Address of joint venture: _____

5. Identify the firms that comprise the joint venture: _____

5. Provide a copy of the joint venture's written contractual agreement.

6. Control of and participation in this Agreement. Identify by individual's name, and "firm" those individuals (and their titles) who are responsible for day-to-day management of this Agreement and the individual's name(s) for primary signatory authority for this Agreement:

(a) Execution of & Changes to the Agreement: _____

(b) Day to Day Management: _____

(1) Submission of Plans & Specifications: _____

(2) Submission of Invoices & Receipt of Payment: _____

(3) Submission of Additional Services Requests: _____

(4) Construction Administration: _____

NOTE: If, after filing this form and before the completion of the joint venture's work on the subject Contract, there is any significant change in the information submitted, the joint venture must inform the Project Manager in writing.

AFFIDAVIT

"The undersigned swear or affirm that the foregoing statements are correct and include all material information necessary to identify and explain the terms and operation of our joint venture and the intended participation by each joint venturer in the undertaking. Further, the undersigned covenant and agree to provide to the City current, complete and accurate information regarding actual joint venture work and the payment therefore and any proposed changes in any of the joint venturer relevant to the joint venture, by authorized representatives of the City. Any material misrepresentation will be grounds for terminating this Agreement and for initiating action under Federal or State laws concerning false statements."

Name of Firm: _____ Name of Firm: _____

Signature: _____ Signature: _____

Name: _____ Name: _____

Title: _____ Title: _____

Date: _____ Date: _____

Date _____

State of _____

County of _____

AFFIDAVIT

On this ____ day of _____, 20____, before me appeared (name) _____, to me personally known, or who produced identification _____(type of ID) who being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm) _____ to execute the affidavit and did so as his or her free act and deed.

Notary Public _____

Commission Expires _____

(Seal)

Date _____

State of _____

County of _____

On this ____ day of _____, 20____, before me appeared _____(name), to me personally known, or who produced identification _____(type of ID) who being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm) _____ to execute the affidavit and did so as his or her free act and deed.

Notary Public _____

Commission Expires _____

(Seal)