

ATTACHMENT P.4

Representations, Certifications, and Other Statements of Offerors/Bidders

Company Name _____



REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS/BIDDERS

The following forms shall be completed with original signatures and incorporated with the offer/bid.

ATTACHMENT NO.	TITLE
A.	Company Information Questionnaire
B.	Certification of Primary Participants Regarding Debarment, Suspension, and Other Ineligibility and Voluntary Exclusion
C.	Certification of Restrictions on Lobbying
D.	Certification of Insurance Coverage
E.	Non-Collusion Affidavit
F.	Disadvantaged Business Enterprise Statement
G.	Schedule of Disadvantaged Business Enterprise Participation

THESE FORMS MUST NOT BE RETYPED



A. COMPANY INFORMATION QUESTIONNAIRE

1. Business Entity Identification & Ownership Disclosure

Company: _____

Contact Person: _____

Title: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Check (☑) which of the following applies:

Small Business: Partnership: Sole Proprietor:

Corporation: Woman-Owned Small Business:

Disadvantaged Business Enterprise (DBE): *Certified by: _____

***(The DBE certification must be attached to the DBE statement included in Attachment G herein.)**

Organized under the laws of the State of : _____

Commonwealth of Virginia License No.: _____

Federal Identification No.: _____

Principal place of business located at: _____

2. Virginia State & Local Government Conflicts of Interest and Public Procurement

This solicitation is subject to the provisions of Section 2.2-3100 et. seq., of the Code of Virginia (1950), as amended, (The Code), the State and Local Government Conflict of Interests Act, and Section 2.2-4300 et. seq. of the Code, the Virginia Public Procurement Act.

The Bidder/Offeror is or is not aware of any information bearing on existence of any potential conflicts of interest or violation of ethics in public contracting. If yes, explain below.



3. **OTHER INFORMATION**

A. General nature of the services performed and/or goods provided by your firm:

B. Indicate the length of time you have been in business providing this type of service and/or product?

_____ Years _____ Months

C. Has your firm ever failed to complete any work awarded to you? If yes, explain. (*Attach additional sheets of paper if necessary.*)

D. Has your firm ever defaulted on a contract? If yes, explain. (*Attach additional sheets of paper if necessary.*)



E. Indicate by checking the appropriate block, if your firm, subcontractor or any persons associated therewith in the capacity of owner, partner, director, officer or any other position involving the administration of federal funds:

- (1) is or is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility of any federal agency;
- (2) has or has not been suspended, debarred, voluntarily excluded, or determined ineligible by any federal agency within the last three (3) years;
- (3) has or has not a proposed debarment pending; or
- (4) has or has not been indicted, convicted, or had a civil judgment rendered against it or them by a court competent jurisdiction in any matter involving fraud or official misconduct within the past three (3) years.

Any of the above conditions will not necessarily result in denial of award, but will be considered in determining Bidder/Offeror responsibility. For any condition noted, indicate: 1) to whom it applies, 2) initiating agency, and 3) date of action. (*Attach additional sheets of paper if necessary.*) Providing false information may result in federal criminal prosecution or administrative sanctions.



4. **FIRM'S CONTACT INFORMATION FOR THIS PROJECT**

Program Manager: _____

Telephone: _____

Fax Number: _____

Email: _____

Contract Administrator: _____

Telephone: _____

Fax Number: _____

Email: _____



5. **CERTIFICATION**

I certify that this bid/proposal is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a bid/proposal for the same services, materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of the State and Federal law and can result in fines, prison, sentences, and civil damage awards.

I certify that this bid/proposal was not made in the interest of or on behalf of any undisclosed person, partnership, company, organization or corporation. In addition, I have not been a party to any agreement to propose a fixed amount or to refrain from bidding and have not directly or indirectly by agreement, communication or conference with anyone attempted to induce action prejudicial to the interest of the Virginia Railway Express or of any Bidder/Offeror or anyone else interested in the proposed contract.

I hereby certify that the responses to the above representations, certifications, and other statements are accurate and complete. I agree to abide by all conditions of this Invitation for Bids/Request for Proposals and certify that I am authorized to sign for the Bidder/Offeror.

Signature: _____ Date: _____

Name (Printed): _____ Title: _____



(This form must be executed by the Contractor and Subcontractors)

B. CERTIFICATION OF PRIMARY PARTICIPANTS REGARDING DEBARMENT, SUSPENSION, AND OTHER INELIGIBILITY AND VOLUNTARY EXCLUSION

(The Contractor)

or

(Subcontractor)

certifies, by submission of this bid/proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by an federal department or agency.

(If the Prime Contractor or Subcontractor is unable to certify to any of the statements in this certification, such participant shall attach an explanation to this bid/offer).

(Prime Contractor) _____

or

(Subcontractor) _____

certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification and understands that the provisions of 31 U.S.C. Sections 3801 ET. SEQ. are applicable thereto.

Signature of Authorized Official

Name (Printed)

Title of Authorized Official

Date



(This Affidavit must be executed by the Contractor and Subcontractors)

C. CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, _____ hereby certify on behalf
(Name of Firm/Contractor Official)

of _____ that:
(Name of Firm/Contractor)

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an office or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement. No federal assistance funds shall be used for activities designed to influence Congress or State Legislature on legislation or appropriations, except through proper, official channels.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an office or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contract under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this _____ day of _____, _____

By: _____ Title: _____
Signature



D. CERTIFICATION OF INSURANCE COVERAGE

I, _____ hereby certify on behalf
(Name of Firm/Contractor Official)

of _____ that:
(Name of Firm/Contractor)

If awarded the Contract, the organization and any Subcontractors will have the required insurance coverages in the Request for Proposals prior to the Contract award. I further certify that the organization and any Subcontractors shall maintain these insurance coverages during the entire term of the Contract and that all insurance coverages shall be provided by insurance companies authorized to sell insurance in Virginia.

Executed this _____ day of _____, _____

By: _____ Title: _____
Signature



(This Affidavit must be executed by the Contractor and Subcontractors)

E. NON-COLLUSION AFFIDAVIT

STATE OF _____

COUNTY OF _____

_____ being first duly sworn, disposes and says that he is

_____ (Insert "sole owner", "partner," "president", or other title)

of _____

(Company name)

The Offeror/Bidder submitting this proposal/bid certifies that such proposal/bid was not made in the interest of or in behalf of any undisclosed person, partnership, company, organization or corporation; that such proposal/bid is genuine and not collusive or sham, and that said Offeror/Bidder has not been a party to any agreement to propose a fixed amount or to refrain from proposing and has not, directly or indirectly, by agreement, communication or conference with anyone attempted to induce action prejudicial to the interest of the Potomac and Rappahannock Transportation Commission and the Northern Virginia Transportation Commission doing business as the Virginia Railway Express or of any Offeror/Bidder or anyone else interested in the proposed Contract.

Signed _____

Subscribed and sworn to before me this _____ day of _____, _____

Signed _____

My commission Expires: _____

Seal of Notary



G. SCHEDULE OF CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE (DBE) PARTICIPATION

Name of Prime Contractor

Project Name

Name of DBE Subcontractor

DBE Certification No. and Entity Certified By (For purposes of evaluation scores, evidence of DBE certification must be attached to this form.)

Address

City, State

Type of Work to be Performed and Contract Items or Parts to be Provided

Projected Dates for Work Commencement/Completion

\$

Proposed Contract Amount

The undersigned will enter into a formal agreement with the above DBE Contractors for work listed in the schedule conditioned upon execution of a contract.

Prime Contractor

Date

