



A. Statement of Qualifications Certification

STATEMENT OF QUALIFICATIONS CERTIFICATION

Firms Signature: _____ **Date:** _____

By Signing above, I Certify that I have carefully read and fully understand the information contained in this RFQ; and that I have the capability to successfully undertake and complete the responsibilities and obligations of the Statement of Qualifications being submitted and have the authority to sign Statement of Qualifications on behalf of my organization. **It is the Firm's responsibility to assure that all addenda have been reviewed prior to Statement of Qualifications submission.**

BY (Printed): _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

The Firm supplies the information recorded below for use in the preparation of the contract documents, in event of contract award:

1. Please indicate type of business organization:

☐ Sole Proprietorship

☐ Partnership (limited or general)

☐ Corporation

☐ Limited Liability Co.

☐ Other (Please specify: _____)



2. If business is a Corporation, please answer the following questions:

Name and title of officers, authorized by Resolution, who will execute the contract on behalf of entity (generally President and Secretary).

Firm is incorporated in what state?

If firm is a foreign corporation, does firm have a certificate of authority from the North Carolina Secretary of State?

3. If business is a Partnership, please answer the following:

Name in full or all general partners and addresses:

Is this a limited or general partnership? ==

If a limited partnership, what is the state of registration? =====

If business is a foreign limited partnership, does business have a certificate of authority from the North Carolina Secretary of State? =====

4. If business is a Sole Proprietorship, please answer the following:

Name of owner: _____

5. If business is a limited liability company, please answer the following:



List the names and titles of managers or member-managers who will execute the contract on behalf of the company? _____

What is the state of organization? _____

If business is a foreign limited liability company, does business have a certificate of authority from the North Carolina Secretary of State? _____

6. For all bidders:

If the business operates under an assumed name, what is the assumed name?

Has a certificate of assumed name been filed in the Henderson County Registry?

If so, please provide the recording information: Deed Book _____ at Page _____.



B. Certification Regarding Lobbying

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any persons for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding to any 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.
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 officer 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 sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients 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 transactions imposed by 31 USC §1352. 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.

The Consultant, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Consultant understands and agrees that the provisions of 31 USC §1352, *et seq.*, apply to this certification and disclosure, if any.

Date: _____

Signature of Consultant's Authorized Official

Printed Name and Title of Consultant's Authorized Official



Subscribed and sworn to before me this _ day of _____, 20__ in the State of _____;
and the County of _____.

Notary Public _____

My Appointment Expires _____



C. Certification Regarding Debarment Suspension, Ineligibility, and Voluntary Exclusion Lower Tier Covered Transaction

(To be submitted with all bids exceeding \$25,000.)

1. The prospective lower tier participant (Bidder/Consultant) certifies, by submission of this bid or Statement of Qualifications, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. The prospective Bidder/Consultant also certifies by submission of this bid or Statement of Qualifications that all SubConsultants and suppliers (this requirement flows down to all subcontracts at all levels) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
3. Where the prospective lower tier participant (Bidder/Consultant) is unable to certify any of the statements in this certification, such prospective participant shall attach an explanation to this bid or Statement of Qualifications.

The lower tier participant (Bidder/Consultant), _____, certifies or affirms the truthfulness and accuracy of this statement of its certification and disclosure, if any.

DATE

SIGNATURE

COMPANY



NAME

TITLE

State of _____

County of _____

Subscribed and sworn to before me this __ day of _____, 20____.

Notary Public _____

My Appointment Expires _____



D. Affidavit of Compliance with N.C. E-Verify Statutes

STATE OF _____
COUNTY OF _____

AFFIDAVIT of COMPLIANCE
with N.C. E-Verify Statutes

I, _____ (hereinafter the "Affiant"), duly
authorized by and on behalf of _____ (hereinafter the
"Employer") after being first duly sworn deposes and says as follows:

1. I am the _____ (President, Manager, CEO, etc.) of the
Employer and possess the full authority to speak for and on behalf of the Employer
identified above.
2. Employer understands that "E-Verify" means the federal E-Verify program
operated by the United States Dept. of Homeland Security and other federal
agencies, or any successor or equivalent program used to verify the work
authorization of newly hired employees pursuant to federal law in accordance
with N.C. Gen. Stat. §64-25 (5).
3. _____ Employer employs 5 or more employees in the State of North Carolina, and
is in
compliance with the provisions of N.C. Gen. Stat. §64-26. Employer has
verified the work authorization of its employees through E-Verify and shall
retain the records of verification in accordance with N.C. Gen. Stat. §64-26.
OR
_____ Employer employs fewer than 5 employees in the State of North Carolina
and is therefore not subject to the provisions of N.C. Gen. Stat. §64-26.
4. All subConsultants engaged by or to be engaged by Employer have or will have
likewise complied with the provisions of N.C. Gen. Stat. §64-26.
5. Employer shall keep the City of Hendersonville informed of any change in its
status pursuant to Article 2 of Chapter 64 of the North Carolina General Statutes.

Further this affiant sayeth not.



This the _____ day of _____, 20____.

Signature of Affiant

STATE OF _____

COUNTY OF _____

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

Notary Public

[SEAL]

My commission expires: _____



E. Affidavit of Compliance with N.C. E-Verify Statutes

The hourly labor rates shall include all applicable overhead and profit. All non-labor related other than direct costs will be billed to the City of Hendersonville at cost without mark-up. Please note that only hourly rates should be submitted. Overall prices – beyond hourly rates – should not be submitted.

<u>POSITIONS</u>	<u>HOURLY RATES</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Firm should include all positions, with hourly rates and attach a job description and required years of experience for each position.