



CITY OF SAN ANTONIO

Certification of Non-Collusion

"The undersigned affirms that they are duly authorized to execute the proposed contract, that this company, corporation, firm, partnership or individual has not prepared this Bid in collusion with any other Bidder, and that the contents of this Bid as to prices, terms or conditions of said Bid have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this Bid.

By: _____

(Print or Type Name)

(Print or Type Title/Position with Business)

(Signature)

(Date)



CITY OF SAN ANTONIO

CERTIFICATION OF INTEREST IN OTHER BID PROPOSALS FOR THIS WORK

By signing this proposal, the bidding firm and the signer certify that the following information, as indicated by checking "Yes" or "No" below, is true, accurate, and complete.

- A. Quotation(s) have been issued in this firm's name to other firm(s) interested in this work for consideration for performing a portion of this work.

_____ YES

_____ NO

- B. If this proposal is the low bid, the bidder agrees to provide the following information prior to award of the contract.

1. Identify firms which bid as a prime contractor and from which the bidder received quotations for work on this project.
2. Identify all the firms which bid as a prime contractor to which the bidder gave quotations for work on this project.



CITY OF SAN ANTONIO

Section 00440

LITIGATION DISCLOSURE FORM

The attached Litigation Disclosure Form will be completed and submitted with the bid for the construction of this project.

LITIGATION DISCLOSURE

Failure to fully and truthfully disclose the information required by this Litigation Disclosure form may result in the disqualification of your bid from consideration or termination of the contract, once awarded.

1. Have you or any member of your Firm or Team to be assigned to this engagement ever been ~~indicted or convicted of a felony or misdemeanor greater than a Class C in the last five (5) years?~~

Circle One YES NO

2. Have you or any member of your Firm or Team been terminated (for cause or otherwise) from any work being performed for the City of San Antonio or any other Federal, State or Local Government, or Private Entity?

Circle One YES NO

3. Have you or any member of your Firm or Team been involved in any claim or litigation with the City of San Antonio or any other Federal, State or Local Government, or Private Entity during the last ten (10) years?

Circle One YES NO

If you have answered "Yes" to any of the above questions, please indicate the name(s) of the person(s), the nature, and the status and/or outcome of the information, indictment, conviction, termination, claim or litigation, as applicable. Any such information should be provided on a separate page, attached to this form and submitted with your bid.

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT.

Company Name: _____

Signature of Principal:

Printed Name of Principal:

Title of Principal

The State of _____
County of _____

**Certification of Absence of Suspension, Debarment,
Voluntary Exclusion or Determination of Ineligibility.**

The undersigned bidder under penalty of perjury under the laws of the United States or the State of Texas, certifies that, except as noted herein the bidder's firm and all persons associated therewith in the capacity of the owner, partner, stockholder, director, officer, principal investigator, project director, manger, auditor, or any position involving the administration of any part of the firm's operations:

1. are not currently suspended, debarred, or voluntary excluded from or determined to be ineligible for bidding by any federal agency;
2. have not been suspended, debarred, voluntary excluded from of determined to be ineligible for bidding by any federal agency within the past 3 years;
3. do not have a proposed debarment pending with any federal agency, and
4. have not been indicted, convicted, or had a civil judgment rendered against it or any person indicated above by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past 3 years.

All exceptions to the above are recorded in the following space:

The undersigned bidder understands that all exceptions will not necessarily preclude the issuance of a bidding proposal or result in the denial of award of the contract for a federally-funded project. It also understood that exceptions will be carefully reviewed by the department and by the Federal Highway Administration and may result in rejection of the bid proposal and suspension and debarment of the contractor pursuant to 43 Texas Administrative Code (TAC) Section 9.6 Procedure for Debarment of a Contractor, to 43 TAC 9.7, Procedure for Suspension of a Contractor to 43 TAC Section 9.8 Supplemental Procedures for Suspension or Debarment of a Contractor, and/or Debarment and Suspension (Non-Procurement) 49 CFR part 29 (1987)

For any exception noted, the following information explains to whom it applies, the initiating agency, and the dates of the action.

The undersigned bidder understands that providing false information may result in criminal prosecution or administrative sanctions

Print Firm Name

Signature/Title

Before me, the undersigned authority, a Notary Public on this personally appeared _____
Who being by me duly sworn upon oath says that she/he is qualified and authorized to make affidavit for and on behalf
of _____

Bidder of _____ County, and is fully cognizant of the facts herein set
out and affirms to the truth and accuracy of the certifications made herein by signing the documents above.

Subscribed and sworn before me by the said _____
Name

this _____ day of _____, 20_____, to certify which witness my hand
and seal of office.

Notary Public in and for
_____ County



CITY OF SAN ANTONIO

ASSURANCE OF COMPLIANCE EQUAL EMPLOYMENT OPPORTUNITY

CITY OF SAN ANTONIO

MAY 1994

The bidder, _____, hereafter known as "contractor," as a part of the procedure for the submission of bids on a project known as _____ agrees to the following conditions if awarded a contract by the City of San Antonio, hereafter known as City, on the above named project.

1. The Contractor will not discriminate in any personnel action including hiring, promotion, suspension, termination, sick leave, work assignments, holidays and vacation on the basis of race, color, religion, national origin, sex, age, handicap, or political belief or affiliation.
2. The contractor will maintain a copy of its Affirmative Action Plan for Equal Employment Opportunity and will provide upon request to the City of San Antonio.
3. The Contractor agrees to provide the City with whatever information may be requested by the Affirmative Action Planning Section for the purpose of monitoring compliance with Contractor's affirmative action requirements.
4. The Contractor agrees to attempt to fill newly created positions with qualified persons, so that the Sex and Ethnic ratios approximate the ratios of the Civilian Labor Force as determined by the applicable U. S. Census Data for job classifications similar to those jobs created by the proposed contract.
5. The Contractor agrees to update its Affirmative Action Plan annually or as required by the City, taking into consideration changes in the Civilian Labor Force and the Contractor's needs to insure non-discrimination and affirmative action relevant to employment.

It is understood that failure to comply with any of these conditions may constitute a violation of the contract between the Contractor and the City and may result in termination of the contract and/or the barring of the Contractor from future contracts with the City.

FOR THE CONTRACTOR

NAME

SIGNATURE

TITLE

The State of _____
County of _____

**Certification of Absence of Suspension, Debarment,
Voluntary Exclusion or Determination of Ineligibility.**

The undersigned bidder under penalty of perjury under the laws of the United States or the State of Texas, certifies that, except as noted herein the bidder's firm and all persons associated therewith in the capacity of the owner, partner, stockholder, director, officer, principal investigator, project director, manger, auditor, or any position involving the administration of any part of the firm's operations:

1. are not currently suspended, debarred, or voluntary excluded from or determined to be ineligible for bidding by any federal agency;
2. have not been suspended, debarred, voluntary excluded from of determined to be ineligible for bidding by any federal agency within the past 3 years;
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Print Firm Name

Signature/Title

Before me, the undersigned authority, a Notary Public on this personally appeared _____
Who being by me duly sworn upon oath says that she/he is qualified and authorized to make affidavit for and on behalf
of _____

Bidder of _____ County, and is fully cognizant of the facts herein set
out and affirms to the truth and accuracy of the certifications made herein by signing the documents above.

Subscribed and sworn before me by the said _____
Name

this _____ day of _____, 20_____, to certify which witness my hand
and seal of office.

Notary Public in and for

_____ County

STATEMENT ON PRESIDENT'S EXECUTIVE ORDERS

The undersigned bidder (has) (has not) previously performed work subject to the President's Executive Orders Nos. 11246 and 11375 or any preceding similar executive orders

(Nos. 10925 and 11114).

Name of Bidder

Signature of Bidder's Representative

Typed or Printed Name and Title of
Bidder's Representative



CITY OF SAN ANTONIO

Control _____
Project N.I.S.D. Safe Routes
Highway _____
County Bexar

ADDENDUM ACKNOWLEDGMENT

Each bidder is required to acknowledge receipt of an addendum issued for a specific project. This page is provided for the purpose of acknowledging an addendum.

FAILURE TO ACKNOWLEDGE RECEIPT OF AN ADDENDUM WILL RESULT IN THE BID NOT BEING READ.

In order to properly acknowledge an addendum the date which appears on the top of the addendum notification letter must be entered below.

ADDENDUM NO. 1 DATED: _____
ADDENDUM NO. 2 DATED: _____
ADDENDUM NO. 3 DATED: _____
ADDENDUM NO. 4 DATED: _____
ADDENDUM NO. 5 DATED: _____

In addition, the bidder by affixing their signature to the signature page of the proposal is acknowledging that they have taken the addendum(s) into consideration when preparing their bid and that the information contained in the addendum will be included in the contract, if awarded by the Commission or other designees.

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secure to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity or this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number, the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

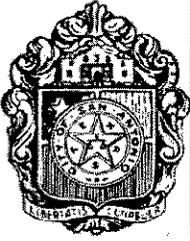
DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

0348-0046

CONTINUATION SHEET

Reporting Entity: _____ Page _____ of _____



CITY OF SAN ANTONIO CHILD SUPPORT STATEMENT

Under Family Code, Section 231.006, _____ (name of individual) certifies that _____ (name of business) _____ (vendor #) as of _____, 20____ (date) is eligible to receive a grant, loan, or payment and acknowledges that any contract may be terminated and payment may be withheld if this certification is inaccurate.

List below the name and social security number of the individual or sole proprietor and each partner, shareholder, or owner with an ownership interest of at least 25% of the business entity submitting the bid or application. This form must be updated whenever any party obtains a 25% ownership interest in the business entity.

Name (Please Print Legibly)	Social Security Number

Family Code, Section 231.006, specifies that a child support obligor who is more than thirty (30) days delinquent in paying child support and a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% percent is not eligible to receive payments from state funds under a contract to provide property, materials, or services; or receive a state-funded grant or loan.

A child support obligor or business entity ineligible to receive payments described above remains ineligible until all arrearage have been paid or the obligor is in compliance with a written repayment agreement or court order as to any existing delinquency.

Except as provided by Family Code, Section 231.302(d), a social security number is confidential and may be disclosed only for the purposes of responding to a request for information from an agency operating under the provisions of Subchapters A and D of Title IV of the federal Social Security Act (42 U.S.C. Sections 601 et seq. and 651 et seq.)

The City of San Antonio maintains the information collected through this article. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you also are entitled to receive and review the information. Under Section 559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect.

- Please send this form to City of San Antonio, Public Works Department, Capital Improvement Programs, Fiscal Section, P.O. Box 839966, San Antonio, Texas 788283-3966.