

4.0 REQUIRED FORMS

The following forms must be included with your Bid:

√		# of Pages	Signature	Notary
	Acknowledgement of Addenda	1	Yes	
	Attachment A - Pricing Form	1	Yes	
	Attachment B - Contact Information and References	1	Yes	
	Attachment C - Lobbying Form	1	Yes	
	Attachment D - Debarment Form	1	Yes	
	Attachment E - Standard Project Assurances	1	Yes	Yes
	Attachment F - Non-Collusion Form	1	Yes	Yes
	Attachment G - Delinquent Personal Property Form	1	Yes	Yes
	Attachment H - Disadvantaged Business Enterprise (DBE) <i>[Note: only complete if hiring subcontractors]</i>	1		
	Attachment I - Bidder Registration Form	1		
	W-9			
	Certificate of Insurance			
	Original and two (2) copies of the bid/proposal and 1 electronic copy on USB or emailed to aaaby@Laketran.com			

Any sub-contractors are required to complete Lower Tier Participant Forms Attachments				
		# of Pages	Signature	Notary
	Attachment C2 - Lobbying Form	1		
	Attachment D2 - Debarment Form	1		
	Attachment E2 - Standard Project Assurances	1		
	Attachment F2 - Non-Collusion Form	1		
	Attachment G2 - Delinquent Personal Property Form	1		

Bids shall be good for 90 days after bid opening. Bid price is based on payment of net 30 days. The undersigned understands that terms and conditions demanded other than those in Section 2.0, or listed or referred to above will render the bid unresponsive. Laketran reserves the right to award a unit price contract for the lowest, responsive and responsible bid/proposal that Laketran deems is in its best interests. Laketran further reserves the right to award one, more than one or no contracts as may be in its best interests.

HVAC PM Schedule Tasks

All listed service items must be completed in compliance with the manufacture recommendations. If manufacture does not define item the default is once a calendar year.

AIR CONDITIONING SYSTEMS

- Level 1 Each time the equipment is scheduled for PM
 - Full operational test. Each unit will be powered on
 - Proper function will be verified
 - Filter condition will be inspected
 - Condenser and evaporator fan operation will be verified
 - Compressor operation will be verified
 - All lubrication points will be lubed following the manufacturers recommendations.
 - Controls and safeties will be tested.
 - Condensate drain will be checked and cleaned.
 - Unit wiring and electrical disconnect will be inspected.
 - Evaporator and condenser coils will be inspected for dirt and brushed clean.
 - Furnish inspection report and advise of any abnormal conditions or necessary repairs.

- Level 2 (April, June, August, October)
 - Blower wheels and fans will be inspected and brushed clean.
 - Filters will be changed (4) four times per year using MERV13 filters (Cost of filters is the responsibility of the vender)

- Level 3 Bi-Annually (April, August)
 - Refrigerant system will be checked for proper charge.
 - Temperatures and pressures will be checked and recorded.
 - Relays and contactors will be inspected.
 - Air Dampers will be inspected/tested for operation and adjustment.

- Level 4 Annual (June)
 - Condenser coils will be inspected for heat transfer loss
 - Coils will be cleaned.
 - Duel coil units will have the coils split to ensure both coils are properly cleaned.
 - Duct cleaning for forced air units at Lakeland College and Wickliffe Transit Centers annually.

EXHAUST FANS

Note: use of self-tapping screws to reattach covers is forbidden. Proper hardware must be reinstalled in the proper locations each time units are serviced. Vender will be

responsible for replacement if covers are damaged due to incorrect hardware being used.

- Level 1 Each time the equipment is scheduled for PM
 - Full operational test. Each unit will be powered on
 - Proper function will be verified
 - Louver operation will be verified
 - Duct dampener position and operation will be checked
 - A visual and audible inspection of fan balance will be completed
 - All lubrication points will be lubed following the manufacturers recommendations.
 - Controls and safeties will be tested for operation with the propane detection system.
 - Unit wiring and electrical disconnect will be inspected.
 - Furnish inspection report and advise of any abnormal conditions or necessary repairs.

- Level 4 Annual (April)
 - Belts to be replaced once annually and removed belts returned to Laketran. (Cost of belts is the responsibility of the vender)
 - Belts and pulleys will be inspected and adjusted.

Make Up Air units (MUA)

- Level 1 Each time the equipment is scheduled for PM
 - Full operational test. Each unit will be powered on
 - Proper function will be verified
 - Filter condition will be inspected
 - All lubrication points will be lubed following the manufacturers recommendations.
 - Belts and Pulleys will be inspected and adjusted as necessary.
 - Controls and safeties will be tested for operation with the propane detection system.
 - Heat exchanger will be visually inspected
 - Unit wiring and electrical disconnect will be inspected.
 - Inspect blower wheel and clean if necessary to maintain proper balance and air delivery.
 - Furnish inspection report and advise of any abnormal conditions or necessary repairs.

- Level 2 Quarterly (February, April, August, November)
 - All filters will be replaced, using MERV13 filters. (Cost of filters is the responsibility of the vender).

- Level 4 Annually (November)

- Belts to be replaced once annually and removed belts returned to Laketran. (Cost of belts is the responsibility of the vender)
- Fire burner
 - Test operation
 - Ensure igniter is functioning.
- Thermostat and Humidity sensor will be checked for calibration.

BAS SYSTEMS

HQ - Admin/Ops Trane System
 Driver/Dispatch Trane System
 Garage/Maintenance Exhaust KMC (installation expected by March 2022)
 Gas and Waste Boiler Tekmar Controls

FJP & Wickliffe Transit Centers are standard thermostat controls

- Level 1 Each time the equipment is scheduled for PM
 - Review alarm logs.
 - Used oil boiler must be the lead in the system before natural gas, if Laketran has enough used oil.
 - Perform system data base back up.
 - Review system performance with The Assistant Director of Facility Maintenance.
 - Calibrate temperature sensors and transducers.
 - Review and adjust system control loops.
 - Set up trend log as needed.
 - Visually inspect all control panels.
 - Furnish inspection report and advise of any abnormal conditions or necessary repairs.
- Level 3 Bi-Annually (April, November)
 - Verify (seasonal) schedules
 - Check sensors
- Level 4 Annually (November)
 - Confirm compatibility with the propane detection system

RADIANT AND UNIT HEATERS

- Level 1 Each time the equipment is scheduled for PM
 - Full operational test. Each unit will be powered on
 - Proper function will be verified
 - Filter condition will be inspected
 - All lubrication points will be lubed following the manufacturers recommendations.
 - Heat exchanger will be visually inspected
 - Radiant tubes will be inspected for corrosion, wear or cracks
 - Unit wiring and electrical disconnect will be inspected.

- Inspect blower wheel and clean if necessary to maintain proper balance and air delivery.
- Furnish inspection report and advise of any abnormal conditions or necessary repairs.
- Level 3 Bi-annual (HQ -February, November) (Transit Centers- April, November)
 - Check and clean main and pilot burners.
- Level 4 Annual (November)
 - Replace inlet filters on radiant systems annually (Cost of filters is the responsibility of the vender).
 - Service radiant systems exhaust fans clearing all debris build up.

BOILER MAINTENANCE & Dampers

- Level 1 Each time the equipment is scheduled for PM
 - Inspection of unit igniters/piolet lights
 - Visual inspection of exhaust/chimney for corrosion, cracks or separation
 - Inspect for any signs of water leaks
 - Verify pump operation (by turning on pumps manually)
 - Note any signs of pump wear (i.e. bearing sounds, vibration or leaks)
 - Furnish inspection report and advise of any abnormal conditions or necessary repairs.
- Level 3 Bi-annual January, November
 - Inspection of boiler expansion tank
 - Check for leaks
 - Check for correct pressure
 - Inspect motorized dampers for correct function
- Level 4 Annually (September)
 - Test fire unit to ensure proper operation
 - Building walkthrough an visually inspect for leaks
 - Inspect all radiator and radiator covers for any damage or wear.

ACKNOWLEDGEMENT OF ADDENDA

The undersigned acknowledges receipt of the following addenda to the document:

Addendum No. _____, Dated _____

Addendum No. _____, Dated _____

Addendum No. _____, Dated _____

Failure to acknowledge receipt of all addenda may cause the bid to be considered non-responsive to the solicitation. Acknowledged receipt of each addendum must be clearly established and included with the offer.

The undersigned understands that any conditions stated above, clarifications made to above or information submitted on or with this form other than that requested, will render bid unresponsive.

(Name of Individual, Partnership or Corporation)

(Address)

(Authorized Signature) (Title)

ATTACHMENT A - LAKETRAN PRICING FORM

Preventive maintenance cost is the criteria for assessing the lowest bidder. This is the fee that the Contractor will bill to Laketrans monthly for preventative maintenance activities for HVAC systems and equipment at three Laketrans sites. This monthly fee is inclusive of all labor, equipment, travel and profit.

Preventive Maintenance	Monthly Rate 2022-2023	Monthly Rate 2023-2024	Monthly Rate 2024-2025
Laketrans HQ Preventive Maintenance	\$	\$	\$
Frank J. Polivka Transit Center PM	\$	\$	\$
Wickliffe Park-n-Ride PM	\$	\$	\$
Total Monthly Preventive Maintenance Cost	\$	\$	\$

Labor Rate	2022-2023	2023-2024	2024-2025
Standard Service Rate (\$/hr)	\$	\$	\$
After Hours Rate (\$/hr)	\$	\$	\$
Weekend Rate (\$/hr)	\$	\$	\$
Holiday Rate (\$/hr)	\$	\$	\$

Name _____

Company _____

Address _____

Phone _____

Cell _____

Email: _____

Name of Authorized Individual: _____

Signature of Authorized Individual: _____

**ATTACHMENT B
CONTACT INFORMATION FORM**

Laketrans requires a primary point of contact and a back-up. Please list them below.

Primary Contact:

Name: _____

Phone: _____

Back-up Contact:

Name: _____

Phone: _____

REFERENCES:

(only include references for work completed in the last 3 years)

Reference #1

Name: _____

Phone: _____

Email: _____

Work Completed: _____

Years of Service: _____

Reference #2

Name: _____

Phone: _____

Email: _____

Work Completed: _____

Years of Service: _____

Reference #3

Name: _____

Phone: _____

Email: _____

Work Completed: _____

Years of Service: _____

ATTACHMENT C
CERTIFICATION OF PRIMARY PARTICIPANTS
REGARDING RESTRICTIONS ON LOBBYING

I, _____ (Name and Title of authorized official), hereby certify on behalf of _____ (Company Name) that:

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 officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of 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 subawards at all tiers (including subcontracts, subgrants, 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 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 _____ 20____

By _____
Signature of Authorized Official

Title of Authorized Official

ATTACHMENT E
CERTIFICATION OF PRIMARY PARTICIPANT
REGARDING STANDARD PROJECT ASSURANCES

The Primary Participant (applicant for a potential contractor for a major third party contract), _____ certifies to the best of its knowledge and belief, that it and its principals:

1. The Primary Participant hereby agrees that Laketran has the right to reject any and all bids, to waive informality in any bid, to negotiate directly with only qualified respondents, to award one, more than one, or no contracts. Bidder further agrees it shall not dispute the correctness of the quantities used in computing the lowest and best bid.

2. If the Primary Participant is not the parent company, insert below the name and main office address of the parent company. (A parent company is one that owns at least a majority, fifty-one percent of the voting rights and/or assets in that company.) By execution of this section, the parent company acknowledges the Proposer is authorized to submit this Proposal on parent company's behalf.

Company Name _____
Address _____
City, State, Zip _____
Phone _____
Fax _____
E-mail _____
Website _____

3. Primary Participant hereby assures and certifies that it will comply with the Federal statutes, regulations, executive orders and requirements which relate to the applications made to and grants received from the Federal Transit Administration. Proposer acknowledges such statutes, regulations, Executive orders and administrative requirements include - but are not limited to - the following:

The Primary Participant certifies that it is not on the Controller General's list of ineligible contractors.

Primary Participant further acknowledges the provisions of Section 1001 of Title 18, U.S.C., apply to any assurance or submissions under this section.

Signature and Title of Authorized Official

Date

Notary Executes Here:

Taken, subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

Notary Public in and for the County of _____, State of _____.

My commission expires _____.

ATTACHMENT F
CERTIFICATION OF PRIMARY PARTICIPANT
REGARDING NON-COLLUSION

This affidavit is to be filled out and executed by the Primary Participant; if a corporation makes the bid, then by its properly executed agent. The name of the individual swearing to the affidavit should always appear on the line marked "Name of Affidavit." The affidavit's capacity, when a partner or officer of a corporation, should be inserted on lines marked "Capacity." The affidavit should sign individual name at end not partnership or corporation name, and swear to said affidavit before a notary public, who must attach his/her seal.

State of _____,
County of _____,

I, _____ being first duly sworn, do hereby state that
(Name of Affidavit)

I am _____ of _____
(Capacity) (Name of Firm, Partnership, Corporation)

Whose business is _____

And who resides at _____

And that _____
(Give names of all persons, firms, or corporation interested in the bid)

is/are the only person(s) with me/us in the profits of the herein contained contract; that the contract is made without any connection or interest in the profits thereof with any persons making any bid or bid for said work; that the said contract is on my/our part, in all respects fair and without collusion or fraud, and also that no members of the Board of Trustees, head of any department or bureau, or employee therein, or any employee of the Authority, is directly or indirectly interested therein.

Signature and Title of Authorized Official

Date

Notary Executes Here:

Taken, subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

Notary Public in and for the County of _____, State of _____.

My commission expires _____.

**ATTACHMENT G
CERTIFICATION OF PRIMARY PARTICIPANT REGARDING
DELINQUENT PERSONAL PROPERTY STATEMENT**

_____ (Primary Participant), hereby affirms under oath, pursuant to Ohio Revised Code Section 5719.042, that at the time the bid was submitted by _____ (company) **was / was not (please circle one)** charged with delinquent personal property taxes on the General Tax List of Personal Property for Lake County, Ohio.

If such charge for delinquent personal property tax exists on the General Tax List of Personal Property for Lake County, Ohio, the amount of such due and unpaid delinquent taxes, including due and unpaid penalties and interest shall be set forth below. A copy of this statement shall be transmitted to the Lake County Treasurer within thirty (30) days of the date it is submitted. If a contract is entered into, a copy of this statement shall also be incorporated into the contract between Laketrans and the Primary Participant and no payment shall be made with respect to any contract unless such statement has been so incorporated as a part thereof.

\$ _____ Delinquent Personal Property Tax *

\$ _____ Penalties *

\$ _____ Interest *

\$ _____ Total *

* Mark "N/A" if not applicable

Signature and Title of Authorized Official

Date

Notary Executes Here:

Taken, subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

Notary Public in and for the County of _____, State of _____.

My commission expires _____.

**ATTACHMENT H - DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM
INFORMATION FOR BIDDERS**

The only eligible source of Disadvantage Business Enterprise firms is the ODOT Unified Certification Program DBE directory:

<https://www.dot.state.oh.us/Divisions/ODI/SDBE/Pages/DBE-Directory.aspx>

DBE Program Purpose:

The DBE program is a federal program operating under the guidance of the United States Department of Transportation (U.S. DOT). Authorization for the program comes from 49 Code of Federal Regulations Part 26 (49 CFR 26).

The overall goal of the DBE program is to ensure that firms owned and controlled by minorities, women, and other socially and economically disadvantaged persons have the opportunity to grow and become self-sufficient in order to create a level playing field on which they can compete fairly for contracts and subcontracts in the transportation industry.

Laketrans recognizes certifications only from the Ohio Department of Transportation Unified Certification Program (UCP).

Laketrans has set a 0 % DBE participation goal for this contract.

If a DBE goal has been established for this contract, all proposers/bidders must submit the following with their proposals/bids:

Enclosure 1 – Schedule of Subcontractors

Enclosure 2 – Declaration of Proposed DBE Utilization

Enclosure 3 – Affidavit of DBE Intent to Perform as a Subcontractor/Supplier/Consultant

Enclosure 4 – DBE Subcontractor/Consultant Good Faith Effort Log

LEGAL NOTICE:

Use of false, fraudulent or deceitful statements, representations or information by a prime contractor or subcontractor in furtherance of satisfying Laketrans's DBE Program requirements or objectives may subject the prime contractor, the subcontractor, or both to legal action pursuant to 49 CFR Part 26, including but not limited to 49 CFR 26.107, in addition to any other legal remedies available to Laketrans under the contract or pursuant to applicable law.

Laketrans Contact Person:

If you are in need of assistance, or have questions regarding Laketrans's DBE Program, please contact: Laketrans DBE Liaison Officer at 555 Lakeshore Blvd., Painesville Twp., OH 44077 or aaaby@Laketrans.com.

ATTACHMENT I
Laketrans BIDDERS REGISTRATION FORM

Per 49 CFR Part 26.11, Laketrans is required to collect the following information on contractors and sub-contractors who seek to work on Federally-assisted Contracts

Legal Name of Business _____

Contact Person's Name (first, last) _____

Age of your business (in years) _____

Type of Business (choose all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Fuel Systems and Technology |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Functional Capacity Assessment |
| <input type="checkbox"/> Auction Services | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Automobile Sales or Distributor | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Industrial Equipment & Components |
| <input type="checkbox"/> Bus and Automobile Maintenance Products and Services | <input type="checkbox"/> Lawn & Landscaping |
| <input type="checkbox"/> Bus Exterior Products/Services | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Bus Interior Products/Services
faxes | <input type="checkbox"/> Office Products including printers and |
| <input type="checkbox"/> Bus Manufacturer | <input type="checkbox"/> Printing Services |
| <input type="checkbox"/> Bus Sales or Distributor | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Bus Technology | <input type="checkbox"/> Security Systems |
| <input type="checkbox"/> Cleaning or Janitorial | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Computer Services & IT | <input type="checkbox"/> Snowplowing & Snow Removal |
| <input type="checkbox"/> Construction (includes Roofing, Windows, Cement, etc.) | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Engineering Services | <input type="checkbox"/> Temporary Employment Agency |
| <input type="checkbox"/> Fare Collection and Fare Technology | <input type="checkbox"/> Transit Partner |
| <input type="checkbox"/> Financial, Banking, & Auditing | <input type="checkbox"/> Uniforms & Shoes |
| <input type="checkbox"/> Fuel | <input type="checkbox"/> Utilities - electric, plumbing, sewer |
| <input type="checkbox"/> Other - describe using key words _____ | <input type="checkbox"/> Vehicles (non-bus) |

Business Street Address _____

City _____ State ____ Zip Code _____

Email Address _____ Website URL _____

Gross Annual Receipts – circle the category that best applies to your business. [A requirement per 49 CFR Part 26.11.]

\$0 - \$500,000 \$500,000 - \$1 million \$1 million - \$2 million \$2 million - \$ 5 million \$5 million or more

Is your business registered as a DBE? YES NO

The following forms are to be completed only by any sub-contractors performing work on this project.

**ATTACHMENT C-2
CERTIFICATION OF LOWER-TIER PARTICIPANTS
REGARDING RESTRICTIONS ON LOBBYING**

I, _____(Name and Title of Authorized Official), hereby certify on behalf of _____ (Name of Subcontractor) that:

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 officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of 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 subawards at all tiers (including subcontracts, subgrants, 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 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 _____, 20__.

By _____
Signature of Authorized Official

Title of Authorized Official

ATTACHMENT D-2
CERTIFICATION OF LOWER-TIER PARTICIPANTS REGARDING
DEBARMENT, SUSPENSION, AND OTHER
RESPONSIBILITY MATTERS

The Lower Tier Participant (potential subcontractor under a major third party contract) _____, certifies, by submission of this 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 any Federal department or agency.

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification;
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default; and
5. Are not included in the U. S. General Services Administration's List of Parties Excluded from Federal Procurement or Non-procurement Programs.

If the Lower Tier Participant (potential subcontractor under a major third party contract) is unable to certify to any of the statements in this certification, such participant shall attach an explanation to this proposal.

THE LOWER-TIER PARTICIPANT (POTENTIAL SUBCONTRACTOR UNDER A MAJOR THIRD PARTY CONTRACT), _____, 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 and Title of Authorized Official

Date

**ATTACHMENT E-2
CERTIFICATION OF LOWER-TIER PARTICIPANT
REGARDING STANDARD PROJECT ASSURANCES**

The Lower Tier Participant (applicant for a potential subcontractor for a major third party contract), _____
_____ certifies to the best of its knowledge and belief, that it and its principals:

1. The Lower Tier Participant hereby agrees that Laketran has the right to reject any and all bids, to waive informality in any bid, to negotiate directly with only qualified respondents, to award one, more than one, or no contracts. Bidder further agrees it shall not dispute the correctness of the quantities used in computing the lowest and best bid.
2. If the Lower Tier Participant is not the parent company, insert below the name and main office address of the parent company. (A parent company is one that owns at least a majority, fifty-one percent of the voting rights and/or assets in that company.) By execution of this section, the parent company acknowledges the Proposer is authorized to submit this Proposal on parent company's behalf.

Company Name _____
Address _____
City, State, Zip _____
Phone _____
Fax _____
E-mail _____
Website _____

3. Lower Tier Participant hereby assures and certifies that it will comply with the Federal statutes, regulations, executive orders and requirements which relate to the applications made to and grants received from the Federal Transit Administration. Proposer acknowledges such statutes, regulations, Executive orders and administrative requirements include - but are not limited to - the following:

The Lower Tier Participant certifies that it is not on the Controller General's list of ineligible contractors. The Lower Tier Participant further acknowledges the provisions of Section 1001 of Title 18, U.S.C., apply to any assurance or submissions under this section.

Signature and Title of Authorized Official

Date

Notary Executes Here:

Taken, subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

Notary Public in and for the County of _____, State of _____.

My commission expires _____.

**ATTACHMENT F-2
CERTIFICATION OF LOWER-TIER PARTICIPANT
REGARDING NON-COLLUSION**

This affidavit is to be filled out and executed by the Lower Tier Participant; if a corporation makes the bid, then by its properly executed agent. The name of the individual swearing to the affidavit should always appear on the line marked "Name of Affidavit." The affidavit's capacity, when a partner or officer of a corporation, should be inserted on lines marked "Capacity." The affidavit should sign individual name at end not partnership or corporation name, and swear to said affidavit before a notary public, who must attach his/her seal.

State of _____,
County of _____,

I, _____ being first duly sworn, do hereby state that
(Name of Affidavit)

I am _____ of _____
(Capacity) (Name of Firm, Partnership, Corporation)

whose business is _____

and who resides at _____

and that _____
(Give names of all persons, firms, or corporation interested in the bid)

is/are the only person(s) with me/us in the profits of the herein contained contract; that the contract is made without any connection or interest in the profits thereof with any persons making any bid or bid for said work; that the said contract is on my/our part, in all respects fair and without collusion or fraud, and also that no members of the Board of Trustees, head of any department or bureau, or employee therein, or any employee of the Authority, is directly or indirectly interested therein.

Signature and Title of Authorized Official

Date

Notary Executes Here:

Taken, subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

Notary Public in and for the County of _____, State of _____.

My commission expires _____.

**ATTACHMENT G-2
CERTIFICATION OF LOWER-TIER PARTICIPANT REGARDING
DELINQUENT PERSONAL PROPERTY STATEMENT**

_____ (Lower-Tier Participant), hereby affirms under oath, pursuant to Ohio Revised Code Section 5719.042, that at the time the bid was submitted by _____ (company) **was / was not (please circle one)** charged with delinquent personal property taxes on the General Tax List of Personal Property for Lake County, Ohio.

If such charge for delinquent personal property tax exists on the General Tax List of Personal Property for Lake County, Ohio, the amount of such due and unpaid delinquent taxes, including due and unpaid penalties and interest shall be set forth below. A copy of this statement shall be transmitted to the Lake County Treasurer within thirty (30) days of the date it is submitted. If a contract is entered into, a copy of this statement shall also be incorporated into the contract between Laketran and the Lower-Tier Participant and no payment shall be made with respect to any contract unless such statement has been so incorporated as a part thereof.

\$ _____ Delinquent Personal Property Tax *

\$ _____ Penalties *

\$ _____ Interest *

\$ _____ Total *

* Mark "N/A" if not applicable

Signature and Title of Authorized Official

Date

Notary Executes Here:

Taken, subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

Notary Public in and for the County of _____, State of _____.

My commission expires _____.