Indianapolis Housing Agency
A New Day & Better IHA

Non-Collusive | Non-Identity of Interest Affidavit

I _____ Being first duly sworn, deposes and says:
Type Name Above

(1) That said named person is _____
(A partner or officer of the firm, etc.)

The party making the foregoing proposal or bid:

(2) That such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with the bidder or person(s), to put in a sham-bid or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any person, to fix the bid price or affiant or any other bidder, or to fix any overhead, profit or cost element of said bid price, or that of any other bidder, or to secure any advantage against Indianapolis Housing Agency (IHA) or any person interested in the proposed contract.
(3) That no identify of interest exists or will between Bidder and Owner or architect.
(4) That all statements in said proposal or bid are true and correct.

WARNING: U.S. Criminal Code, Section 1001, Title 8 U.S.C provides as follows: in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by a trick scheme or devise a material fact, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than $10,000 or imprisoned not more than five years, or both.

An identity of interest will be construed to exist:

(a) If there is any financial interest of the owner in the general contractor.
(b) If any of the officers or directors of the owner is also an officer, director, or stockholder of the general contractor.
(c) If any officer or director of the owner has any financial interest whatsoever in the general contractor.
(d) If the service provider advances any funds to the owner, including providing (a) an option or any of the costs of obtaining (a) an option.
(e) If the service provider provides and pays, on behalf of the owner, the cost of any architectural or engineering services other than those of the surveyor, general superintendent, or engineer employed by general contractor in connection with their obligations under the construction contract.

(f) If the service provider has any interest in the owner corporation as part of the consideration for payment.
(g) When there exists (or comes into being) any side deals, agreements, contract or undertaking entered into or contemplated, thereby altering, amending or cancelling any of the required closing documents.
(h) When the contractor or any officer, director, stockholder, and/or partner of such contract has any financial interest whatsoever in the architectural firm.
(i) When the service provider has stock or any financial interest in the contractor
(j) When the contractor or any officer, director, stockholder, or partner of such contract provides any of the required services; or where the service provider, or any officer, director, stockholder and/or partner of such services acts as a consultant to the service provider.

IN WITNESS THEREOF, I have set my hand this _____day of_____, 20____.

By _____
Signature of Bidder (if an individual)

By _____
Signature of Officer, if Bidder is a Corporation

By _____
Signature of Partner, if Bidder is a Partnership

Title _____
Title of Officer, If Bidder is a Corporation

STATE OF INDIANA
COUNTY OF MARION

The foregoing Non-Collusive | Non-Identity of Interest Affidavit was acknowledged before me this _____day of _____, 20 ____, by _____ to me to be the person described in and who executed the foregoing instrument and acknowledge the they executed the same as their free and voluntary act of deed.

_____
Notary Public Printed Name

_____
Notary Public Signature

My commission expires: _____

Indianapolis Housing Agency
A New Day & Better IHA

Certificate of Non-Organizational Conflict of Interest

I _____ on behalf of _____

Being duly sworn, deposes and says:

I certify that to the best of my knowledge and belief and except as otherwise disclosed, that I DO NOT have any organizational conflict of interest.

An "organizational conflict of interest" is defined as a situation in which the nature of work to be performed under this proposed contract and the **bidder's** financial, contractual or other interest may, without some restriction on future activities

a) Result in an unfair competitive advantage to the **bidder;** or
b) Impair the **bidder's** objectivity in performing the contract work.

In the absence of any actual or apparent conflict, I hereby certify that to the best of my knowledge and belief, no actual or apparent conflict of interest exists with regard to the possible performance of procurement.

IN WITNESS THEREOF, I have set my hand this _____day of_____, 20____.

By _____
Signature of Bidder (if an individual)

By _____
Signature of Officer, if Bidder is a Corporation

By _____
Signature of Partner, if Bidder is a Partnership

Title _____
Title of Officer, If Bidder is a Corporation

STATE OF INDIANA
COUNTY OF MARION

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_____
Notary Public Printed Name

_____
Notary Public Signature

My commission expires: _____

Indianapolis Housing Agency
A New Day & Better IHA

Certificate of Non-Segregated Facilities

The bidder certifies that he does not maintain or provide for his employees any segregated facilities at any of his establishments, and that he does not permit his employees to perform their services at any location under his control, where segregated facilities are maintained.

The bidder certifies further that he will not maintain or provide for his employees any segregated facilities at any of his establishments, and that he will not permit his employees to perform their services at any locations under control, where segregated facilities are maintained.

The bidder agrees that a breach of this certification is a violation of the Equal Opportunity Clause in this contract. As used in this certification, the term "Segregated Facilities" means any waiting rooms, work areas, time clocks, locker rooms, and other storage or dressing areas, parking lots, drinking fountains, recreations or entertainment areas, transportation, and housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on the basis of race, color, religion or national origin, b ecause of habit, local custom or otherwise.

The bidder further agrees that (except where he has obtained identical certifications from subcontractors for specific time periods) he will obtain the award of subcontractors exceeding $10,000 which are not exempt from the provisions of Equal Opportunity Clause; that he will retain such certifications in his files; and that he will forward the following notice to such proposed subcontractors (except where the proposed subcontractors have submitted identical certifications for specific time periods);

Notice to prospective subcontractors of requirements for certifications of non-segregated facilities.

> A certification of nonsegregated facilities must be submitted *prior to award* of a subcontract exceeding Equal Opportunity Clause. The certification may be submitted either for each subcontract or for all subcontracts during a period. (ie., quarterly, semi-annually, or annually)

Printed or Typed Bidder Name	Address of Bidder
Signature of Bidder	Date

Indianapolis Housing Agency
A New Day & Better IHA

Conflict of Interest Disclosure Certification
Indianapolis Housing Agency

No Conflict of Interest

Except as otherwise fully disclosed below (attach additional pages as needed), the vendor/consultant/contractor/subcontractor affirms, to the best of their knowledge, information, and belief, that no Indianapolis Housing Agency Commissioner(s), Insight Development Corporation Director(s), or Indianapolis Housing Agency employee nor any person associated with any Indianapolis Housing Agency Commissioner(s), Insight Development Corporation Director(s), or Indianapolis Housing Agency employee is an employee, director, trustee, officer, or consultant to/of the organization, nor holds any direct or indirect financial interest in the organization or in any funding resulting from this engagement.

[ ] ← Initial you have read and understand the above.

For the purposes of this certification, "associated persons" include: a spouse, domestic partner, child, parent, sibling, or other relative or family member of a Commissioner of the Indianapolis Housing Agency, a Board Member or Director of Insight Development Corporation, or an employee of the Indianapolis Housing Agency; or any individual with whom such Commissioner, Board Member/Director, or employee has a business or other financial relationship.

This includes, but is not limited to, employees of a Commissioner, Board Member/Director, or employee of the Indianapolis Housing Agency or Insight Development Corporation, as well as their respective spouses, domestic partners, children, parents, siblings, or other relatives or family members. It also includes any firm in which a Commissioner, Board Member/Director, or employee of the Indianapolis Housing Agency or Insight Development Corporation has a current or potential financial interest.

[ ] ← Initial you have read and understand the above.

A materially false statement made willfully or fraudulently in connection with this certification—and/or failure to conduct appropriate due diligence in verifying the information herein—may result in the vendor being deemed non-responsive for the purpose of contract award. Additionally, a willful or fraudulent materially false statement may subject the person making it to criminal charges or civil penalties.

Note: The vendor consultant, contractor and/or subcontractor shall disclose any connection to an Indianapolis Housing Agency commissioner or Insight Development Corporation director, or Indianapolis Housing Agency employee that may create an appearance of conflict of interest. Regardless of whether it meets the above listed definitions.

The following page must be filled out in its entirety.

Thank you,
Indianapolis Housing Agency

Indianapolis Housing Agency
A New Day & Better IHA

Name of Vendor/Consultant/Contractor and/or Subcontractor	
Address	
Phone No.	
Email Address	
EIN/TIN #	
Print or Type Name Signer	
Print or Type Signer Title	
Sign	

Indianapolis Housing Agency
A New Day & Better IHA

Contractor Section 3 Initial Response Form

Failure to complete this document may lead to disqualification from the review process.

Date	
Company Name/Contractor	
Contact Person	
Street Address	
City, State & Zip Code	
Telephone	
Business Web Address	

Section 3 Commitment

Section 3 program requires recipients of HUD funding to direct employment, training, and contracting opportunities to low-income individuals and the businesses that employ these persons within their community. Section 3 is a provision of the HUD Act of 1968 and is found at 12 U.S.C. 1701u. The regulations are found at 24 CFR Part 75.

Per this statutory language, recipients of HUD funds (i.e. grantees and contractors) ensure that "to the greatest extent feasible," when certain HUD funds are used to assist housing and community development projects, preference for construction-related training, jobs, and contracting opportunities go to low- and very low-income people and to businesses that are owned by low- and very-low-income persons or businesses that hire them. These opportunities are both sex and race neutral.

Select (1) Option

	Direct employment of qualified candidates
	Company/Contract will partner with a **Section 3** business

Go to **HUD EXCHANGE Section 3 for further information** Section 3 - HUD Exchange

Before a contract is awarded IHA procurement staff will develop Company/Contract Section 3 plan. Section 3 Plan will be included with the contract and related agreements before the contract is executed.

Indianapolis Housing Agency
A New Day & Better IHA

E-Verify Affidavit

Pursuant to Indiana Code 22-5-1.7-11, the **business entity** entering into a public contract for services is required to enroll in and verify the work eligibility status of all its newly hired employees through the E-Verify program. The **business entity** is not required to verify the work eligibility status of all its newly hired employees through the E-Verify program if the E-Verify program no longer exists.

The undersigned, on behalf of the **business entity**, being first duly sworn, deposes and states that the business entity does not knowingly employ an unauthorized alien. The undersigned further affirms that prior to entering into its contract with Indianapolis Housing Agency (IHA), the undersigned **business entity** will enroll in and agrees to verify the work eligibility status of all its newly hired employees through the E-Verify program. The **business entity** shall submit documentation to IHA which evidences that the **business entity** has enrolled in and is participating in the E-Verify program.

By _____ By _____

Print Name of Business Entity — Signature of Business Entity

STATE OF INDIANA
COUNTY OF MARION

Before me, a Notary Public in and for said County and State, personally appeared

_____ who, being first duly sworn, acknowledged the execution of the foregoing E-Verify Affidavit and stated that any representations therein contained are true.

Witness my hand this _____day of _____, 20 _____.

_____ _____

Notary Public Printed Name — Notary Public Signature

My commission expires: _____

Indianapolis Housing Agency
A New Day & Better IHA

Goods and Services
MBE WBE VBE DOBE Participation Bidder's Initial Response Form

ITB / ITQ No.				
ITB / ITQ Name				
Contractor Name		Email		
Phone No.		Fax No.		
Street Address				
City		State		Zip Code

Place an **X** (below) to indicate whether this plan is ***direct*** or ***indirect*** participation.

DIRECT ☐ INDIRECT ☐

Note: An application for MBE WBE VBE DOBE program waiver must be requested if no direct participation is available.

The following minority, women, veteran and disabled owned firms will be participating directly in the ITB/ITQ according to the following schedule.

MBE	Minority Owned Enterprise	VBE	Veteran Owned Enterprise
WBE	Woman Owned Enterprise	DOBE	Disabled Owned Business Enterprise

Please click inside the box for which designate you will be working with.

MBE ☐ WBE ☐ VBE ☐ DOBE ☐

Company Name			
Contact Name		Ph No.	
Email		Trade	
Phone No.		Amount	

Failure to provide the MBE, WBE, VBE, and/or DOBE, participation in bidder's initial response form GOOD's and SERVICES, at the time of submission, will result in the submittal being deemed non-responsive.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
SAMPLE BROKER	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
SAMPLE VENDOR	INSURER A : INSURANCE COMPANY NAME	
	INSURER B : INSURANCE COMPANY NAME	
	INSURER C : INSUARNCE COMPANY NAME	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	X					EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			CGL 123456	10/01/2020	10/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ Excluded
	X $100,000 SIR						PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
A	ANY AUTO			CAL 987654	10/01/2020	10/1/2021	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
							0	

SAMPLE CERTIFICATE OF INSURANCE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Cornell University, its , officers, employees, & Fraternity & Sorority Affairs, directors, agents, representatives and employees are added as Additional Insured for the limits represented on this certificate.

CERTIFICATE HOLDER	CANCELLATION
CORNELL UNIVERSITY, It's Officers, employees, Fraternity & Sorority Affairs 538 Willard Straight Hall ITHACA, NY 14853	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

Section 3 Business Concern Certification for Contracting (Sample Form)

About this Tool

Description: Businesses seeking a preference in contracting on applicable Section 3 projects may qualify as a Section 3 business concern if they meet the following criteria: At least 51 percent of the business is owned and controlled by low- or very low-income persons, or at least 51 percent of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing, or over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers.

This tool is designed to help grantees and their subrecipients, contractors, and subcontractors comply with the Section 3 requirements and achieve the Section 3 goals. It is intended to be a sample form to help grantees certify and track Section 3 business concerns seeking a preference in contracting.

How to Adapt this Document: This document is intended to be used as a reference tool to help grantees certify Section 3 business concerns and provide the appropriate records to support the business' Section 3 status claims. Grantees are encouraged to adapt the form to fit the resources within their individual communities and to meet the needs of their program.

Source of Document: This document was developed by consultants affiliated with the consulting firm ICF.

Disclaimer: The following is a sample Section 3 Business Concern Certification form that PHAs or Community Development Offices may wish to use to begin developing their own form. They may work with their legal counsels to ensure it meets all local and state laws.

This resource will be part of a Section 3 Toolkit coming Fall of 2021. It will be hosted on the HUD Exchange at https://www.hudexchange.info/.

Updated as of: December 20, 2021

Business Concern Affirmation

I affirm that the above statements (on the frontside of this form) are true, complete, and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 business concerns and report false information to [insert name of recipient/grantee] may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____

*Certification expires within six months of the date of signature

Information regarding Section 3 Business Concerns can be found at 24 CFR 75.5

FOR ADMINISTRATIVE USE ONLY

Is the business a Section 3 business concern based upon their certification?

☐**YES** ☐**NO**

EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS.

(backside)