This Affidavit must be completed before your firm can be considered for award of this contract.

AFFIDAVIT

per	Comes the Affiant, Enc Drellsbak , and after being first duly sworn under penalty of jury as follows:
1.	His/her name is <u>Eric Drellishak</u> and he/she is the individual submitting the bid or is the authorized representative of <u>Drellishak</u> ; <u>Drellishak</u> , <u>Inc.</u> <u>Jba</u> <u>Pro-Tech Sales</u>
	the entity submitting the bid (hereinafter referred to as "Bidder")
2.	Bidder will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the bid is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.
	Bidder will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.
	Bidder has authorized the Division of Central Purchasing to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.
5.	Bidder has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Bidder will not violate any provision of the campaign finance laws of the Commonwealth.
6.	of Ordinances, known as "Ethics Act."
7.	Bidder acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.
	Further, Affiant sayeth naught.
S	TATE OF Ohio
c	OUNTY OF Cuyahoga
	The foregoing instrument was subscribed, sworn to and acknowledged before me
	VEric Drellishalo on this the 1st day
0	F November, 2021
	My Commission expires: Nove Mbur 24, 2022
	NOTARY RUBLIC, STATE AT LARGE
	Please refer to Section II, Bid Conditions, Item Warrier to completing this form

KRISTY M McKINLEY NOTARY PUBLIC - OHIO MY COMMISSION EXPIRES 11-26-2022



LFUCG MWDBE PARTICIPATION FORM Bid/RFP/Quote Reference #_____

The MWDBE and/or veteran subcontractors listed have agreed to participate on this Bid/RFP/Quote. If any substitution is made or the total value of the work is changed prior to or after the job is in progress, it is understood that those substitutions must be submitted to Central Purchasing for approval immediately. Failure to submit a completed form may cause rejection of the bid.

MWDBE Company, Name, Address, Phone, Email	MBE WBE or DBE	Work to be Performed	Total Dollar Value of the Work	% Value of Total Contract
1. N/A				
2.				
3.				
4.				

The undersigned company representative submits the above list of MWDBE firms to be used in accomplishing the work contained in this Bid/RFP/Quote. Any misrepresentation may result in the termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

Company	Company Representative
Company	osinpini, representative
Date	Title



LFUCG MWDBE PARTICIPATION FORM

Bid/RF	P/Quote Refe	erence #		-
The MWDBE and/or veteran susubstitution is made or the total understood that those substitution to submit a completed form many substitution is submit a completed form many substitution.	value of the wo	ork is changed prior to or af bmitted to Central Purchasi	ter the job is in pr	ogress, it is
MWDBE Company, Name, Address, Phone, Email	MBE WBE or DBE	Work to be Performed	Total Dollar Value of the Work	% Value of Total Contract
1. N)A				
2.				
3.				
4.				
The undersigned company represer contained in this Bid/RFP/Quote. to applicable Federal and State laws	Any misrepres	entation may result in the term	is to be used in acco	omplishing the work act and/or be subject
Company		Company Represe	ntative	-
Date		Title		-



LFUCG MWDBE SUBSTITUTION FORM

The substituted MWDBE and/or veteran subcontractors listed below have agreed to participate on this Bid/RFP/Quote.
These substitutions were made prior to or after the job was in progress. These substitutions were made for reasons stated
below and are now being submitted to Central Purchasing for approval. By the authorized signature of a representative of

our company, we understand that this information will be entered into our file for this project. Failure to submit this

Bid/RFP/Quote Reference #_

SUBSTITUTED MWDBE Company Name, Address, Phone, Email	MWDBE Formally Contracted/ Name, Address, Phone, Email	Work to Be Performed	Reason for the Substitution	Total Dollar Value of the Work	% Value of Tot Contract
1. N/A			a Marchael		
2.			and the	al Court	
3.					

The undersigned acknowledges that any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

Company

Company Representative

Title



MWDBE QUOTE SUMMARY FORM

Company Name	Feedby V		N ask	Contact Person								
Address/Phone/	Email			Bid Packag	e / Bid Date							
MWDBE	Contact	Contact	Date	Services	Method of	Total dollars \$\$	MBE *	Veter				
Company Address	Person	Information (work phone Email, cell)	Contacted	to be performed	Communication (email, phone meeting, ad, event etc)	Do Not Leave Blank (Attach Documentation)	AA HA AS NA Female					
		Commission	Control	el Park	and Inc.	Base Deser	See Dec					
			52.6		Tolerand other							
NA= Native	American) ed acknowl	edges that all in	formation is	s accurate. An	American/AS = ay misrepresentation of the state of t	n may result in te						
contract man,					npany Representa							



LFUCG SUBCONTRACTOR MONTHLY PAYMENT REPORT

The LFUCG has a 10% goal plan adopted by city council to increase the participation of minority and women owned businesses in the procurement process. The LFUCG also has a 3% goal plan adopted by cited council to increase the participation of veteran owned businesses in the procurement process. In order to measure that goal LFUCG will track spending with MWDBE and Veteran contractors on a monthly basis. By the signature below of an authorized company representative, you certify that the information is correct, and that each of the representations set forth below is true. Any misrepresentation may result in termination of the contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims. Please submit this form monthly to the Division of Central Purchasing/ 200 East Main Street / Room 338 / Lexington, KY 40507.

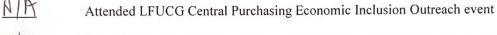
Bid/RFP/Quot	te#	amigron, ICT 40					
Total Contract	Amount Awar	rded to Prime	Contrac	ctor for this Pr	oject	21 - 1	
Project Name/ C	Contract #	The Colonia		Work Period/	From:		To:
Company Name:				Address:		ne i Neptoni	
Federal Tax ID:				Contact Person	n:	Day to Joseph	
Subcontractor Vendor ID (name, address, phone, email	Description of Work	Total Subcontract Amount	% of Total Contrac Awarded to Prime for this Project	d this Period	Purchase Order number for subcontractor work (please attach PO)	Scheduled Project Start Date	Scheduled Project End Date
NIA		1 1 2 3 1 e	d de se				
	B Co	Carles out					
				e, e Sea er		piedla, to t	
By the signature be of the representati and/or prosecution	ons set forth b	elow is true.	Any misre	presentations m	ay result in the	termination	t, and that each
Company	Mag		ō	Company Repre	sentative		
Date			Ī	itle			

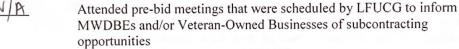
LFUCG STATEMENT OF GOOD FAITH EFFORTS Bid/RFP/Quote #_____

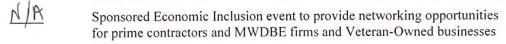
By the signature below of an authorized company representative, we certify that we have utilized the following Good Faith Efforts to obtain the maximum participation by MWDBE and Veteran-Owned business enterprises on the project and can supply the appropriate documentation.

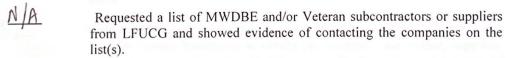
16.	(2)
NA	Advertised opportunities to participate in the contract in at least two (2)
	publications of general circulation media; trade and professional
	association publications; small and minority business or trade
	publications; and publications or trades targeting minority, women and
	disadvantaged businesses not less than fifteen (15) days prior to the
	deadline for submission of bids to allow MWDBE firms and Veteran-
	Owned businesses to participate.

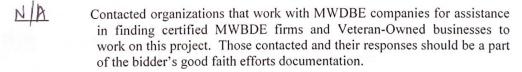
1/12	
NA	Included documentation of advertising in the above publications with the
(,	bidders good faith efforts package

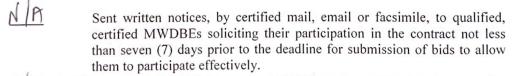


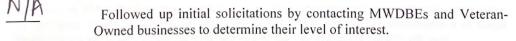


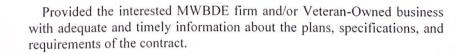


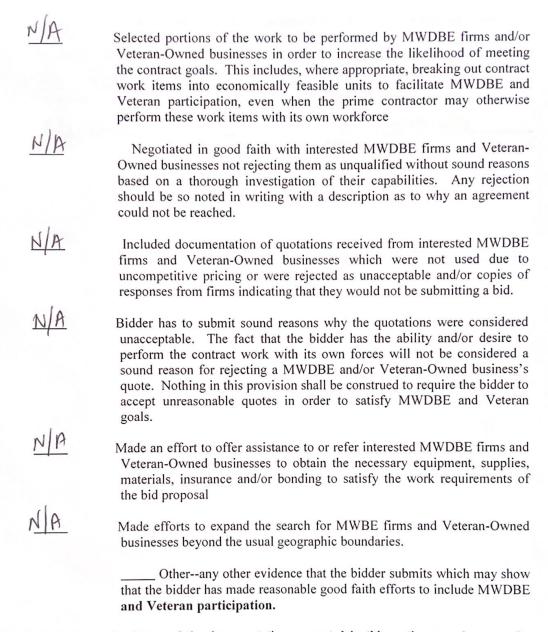












NOTE: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to approval by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.

The undersigned acknowledges that all information is accurate. Any misrepresentations may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims. Eric Srellishak
Company Representative

VP Operations
Title

Pro-Tech Sales Company

WORKFORCE ANALYSIS FORM

Name of Organization: Pro-Tech Sales

Categories	Total	(N Hisp	hite Not panic or ino)	Hisp o Lati		Afri Ame (N Hisp	ck or can- crican Not panic atino	Haw and Pac Isla (N Hisp	tive vaiian Other cific nder Not oanic atino)	As (N Hisp o Lati	lot anic r	Indi Ala Na (r Hisp	erican an or iskan itive not panic atino)	more (I Hisp	vo or e races Not anic or tino)	То	otal
		М	F	М	F	M	F	M	F	М	F	M	F	M	F	M	F
Administrators		2															
Professionals		7	1														
Superintendents			`				3.7										
Supervisors																	
Foremen																	
Technicians																	
Protective Service	1					7				10, 1							
Para-Professionals	Fried.	1															
Office/Clerical			1														
Skilled Craft		1															
Service/Maintenan																	
Total:															7		

Prepared by:	Enc	Drellishak	, VPO	perations	Date:	11	/	1	/	21	
	(Name a	nd Title)	/	1							_