

COUNTY OF MUSKEGON
EQUAL EMPLOYMENT OPPORTUNITY
STANDARD BID PACKET ITEMS REQUIRED FOR COMPLIANCE WITH
RESPONSIBLE ENGINEERING & CONSTRUCTION CONTRACTING
BOARD POLICY NO. 2007-512
REVISED DATE: JANUARY 29, 2013

**FOR ALL PROJECTS OVER \$100,000
INVOLVING STATE/LOCAL FUNDS**

1. Prevailing Wage & Labor Compliance Guidelines (guidelines and forms attached)
2. Debarment Certification (form attached)
3. Non-Discrimination Statement (form attached)





January 29, 2013

County of Muskegon

Office of Equal Employment Opportunity

Prevailing Wage and Labor Compliance
Guidelines for Construction Contracting

County of Muskegon

Office of Equal Employment Opportunity

The Muskegon County Office of Equal Employment Opportunity (referred to in this publication as “Department”) is charged with compliance oversight of the federal, state and local labor laws relative to employment on the construction of public facility and public work projects let by the Muskegon County Board of Commissioners.

These guidelines neither supplant nor take precedent over the Federal Davis/Bacon guidelines or State Prevailing Wage guidelines where specifically referenced. The guidelines heretofore are designed to clarify the labor regulations covered under your award and the requirements necessary to ensure compliance with County policy. Such areas include but may not be limited to:

- Prevailing Wages
- Wage Determinations
- Certified Payrolls
- Apprentices and Trainees
- Subcontracting
- Adjudication of Violations and Sanctions

Any questions, concerns, etc. associated with these guidelines should be forwarded to the Muskegon County Office of Equal Employment Opportunity at the address listed below.

Muskegon County Office of Equal Employment Opportunity

Michael E. Kobza Hall of Justice

990 Terrace Street, 4th Floor

Muskegon, MI 49442

Phone: (231) 724-7139

Fax: (231) 724-4707

Email: eeo@co.muskegon.mi.us

Prevailing Wages

It is the policy of the Muskegon County Board of Commissioners that prevailing wages shall be paid on all construction projects of \$100,000 or more. The Davis-Bacon Act is the federal law that governs federally funded projects. This act requires contractors who perform work valued in excess of \$2,000 on federally funded or assisted construction projects to pay their employees the prevailing area wages. Applicable wage schedules shall be included or referenced in the bid and/or contract documents. Where wage schedules are not included or referenced, the project manager shall be responsible for obtaining wage rate clarification from the department. Prior to commencement of any work, contractors and/or subcontractors are required to submit an employment data report (see exhibits 1 and 2). The Contractor Employment Data Report must be completed and submitted with the bid. The Subcontractor Employment Data Report must be submitted to the department, post-award, pre-construction. In addition, the “Certification Regarding Debarment, Suspension and Other Responsibility Matters” (see exhibit 6) and the “Non-Discrimination Statement” (see exhibit 7) must be completed and submitted at the time of bid by the prime contractor and by the subcontractor post-award, pre-construction.

Where contractors and/or subcontractors are unsure of the proper classification or wage rate, a request for wage determination (see exhibit 3) must be submitted to the department prior to work start.

Every contractor and subcontractor shall keep posted on the construction site, in a conspicuous place, a copy of all prevailing wage and fringe benefit rates prescribed in the contract.

All construction workers shall be paid weekly.

Every contractor and subcontractor shall submit weekly certified payroll records on the U.S. Department of Labor’s payroll form included in this packet (see exhibit 4) to the Project Manager by the 3rd workday following the end of the pay period. No substitutions or variations to this form will be allowed for submission of payrolls without the express approval of the EEO Office.

Every contractor and subcontractor shall keep an accurate record showing the name, classification and the actual wages and benefits paid to the construction worker as reported on the weekly certified payroll. This record shall be available for reasonable inspection by the contracting agent or the department for a period of three years after project close.

Each contractor or subcontractor is separately liable for the payment of the prevailing rate to its employees.

The prime contractor is responsible for advising all subcontractors of the requirement to pay the prevailing rate prior to commencement of work.

The prime contractor is secondarily liable for payment of prevailing rates that are not paid by a subcontractor.

A construction worker shall only be paid the apprentice rate if registered with the United States Department of Labor, Office of Apprenticeship and Training and the rate is included in the contract.

Wage Determinations

All classifications reported on the weekly payroll must conform to the applicable wage schedule. Contractors/subcontractors who submit weekly payroll with classifications not readily identifiable in the wage schedule shall have such payroll records returned as nonconforming. Payroll records which are returned as nonconforming may delay progress payment to the prime contractor.

Contractors/subcontractors are required to submit a request for wage determination (see exhibit 3) for any work classification it plans to use that is not identifiable in the applicable wage schedule. Such classification should not be used or reported until such time that the department has issued a wage determination. Every effort should be made to request such determination at the time of submission of the contractor/subcontractor employment data report. This will assist with minimizing work and/or project delays.

Certified Payrolls

The certified payroll is the record that a contractor or subcontractor engaged on a construction contract is required to submit to the Project Manager for each week in which the contractor or subcontractor employs at least one worker. If the contractor or subcontractor does not employ any workers in any week during the construction period, then a nonperformance certified payroll record should be submitted to the Project Manager. These reports should be submitted to the department by the 3rd work day following the end of the pay period. Failure to receive the certified payroll records could delay release of progress payments.

Payroll records shall show the name, address, employee ID number, work classification, straight time and overtime worked each day and each week, and the actual wages paid each journeyman, apprentice, worker, or other employee employed by the contractor/subcontractor on the project.

Certified payroll records shall be on forms provided (see exhibit 4).

Where prevailing wages are not paid in cash but to company sponsored benefit plans, contractors or subcontractors must submit a detailed breakout of the benefits credited on behalf of each employee to such plans. A check in the appropriate box on the certified payroll record identifies this authority.

Apprentices and Trainees

Apprentices are allowable provided such apprentice is registered with the U. S. Department of Labor, Bureau of Apprenticeship and Training (BAT), has a valid BAT certificate for the period covered and the apprentice rates are included on the wage schedule contained in the contract. Contractors are required to pay journeyman wages for all workers who are not a registered apprentice. The journeyman to apprentice ratio provided under the training program should be maintained. Evidence of registered apprenticeship should be attached to the contractor/subcontractor employment data report for all apprentices anticipated to work on the project.

Subcontracting

A prime contractor may subcontract work provided such subcontracting effort is undertaken in an open competitive format and demonstrates good-faith efforts to include the solicitation and award to disadvantaged business enterprises. Evidence of the subcontracting effort must be documented on the Subcontractor Solicitation form (see exhibit 5) and submitted at the time of bid. All subcontractors that will be performing work under this contract must be identified. Upon actual award, subcontractors are required to fully complete the Subcontractor Employment Data Report (see exhibit 2), the Certification Regarding Debarment, Suspension & Other Responsibility Matters (see exhibit 6) and the Non-Discrimination Statement (see exhibit 7) and forward to the department prior to work start.

All subcontractors are subject to the same requirements relative to prevailing wage and appropriate documentation as the prime contractor. All subcontractors are required to follow the certified payroll guidelines above and ensure that the project manager receives certified payroll records on a weekly basis.

In the event it becomes necessary to replace or add a subcontractor, the Project Manager and EEO Office must be notified by the prime contractor prior to the replacement subcontractor starting work and all of the above conditions must be met.

Adjudication of Violations and Sanctions

It is the policy of the Muskegon County Board of Commissioners that all construction contracting adhere to its “Responsible Engineering and Construction Contracting” policy number #2007-512. Failure to comply with this policy and its accompanying guidelines is considered a violation, and therefore, subject to all administrative remedies available to the Muskegon County Board of Commissioners.

The department shall upon its own action or written notice of an authorized representative withhold or cause to be withheld from the Contractor, under this contract, further progress payments and/or retainers for non-payment of full prevailing wages as set forth to suppliers, subcontractors, their employees or employees of contractor; shall be considered a material violation of this contract. In the event of the failure to pay by the contractor all or part of the wages required by the contract, the County may take action, after written notice, as may be necessary to cause the suspension of any further payment or guarantee of such funds until such violations have ceased and been corrected.

Checklist

1. Items to be submitted by Prime at time of bid:
 - a. Contractor Employment Data - Exhibit 1
 - b. Subcontract Solicitation Report - Exhibit 5
 - c. Certification Regarding Debarment, Suspension & Other Responsibility Matters - Exhibit 6
 - d. Non-Discrimination Statement - Exhibit 7
2. Items to be submitted post-award, pre-construction from each Subcontractor:
 - a. Subcontractor Employment Data - Exhibit 2
 - b. Certification Regarding Debarment, Suspension & Other Responsibility Matters - Exhibit 6

Instructions for Completing the Contractor Employment Data Reports

- 1) Company Name - Name of the contractor or subcontractor submitting the report.
- 2) Project Name - Project name as identified in the request for bids, quotes, etc. issued by Muskegon County.
- 3) Project Number - Bid number as identified in the solicitation issued by Muskegon County.
- 4) Employee Name and Address - Name and address of the employee, on your payroll, that will perform work on the project.
- 5) Job Classification - Job classification as listed in the wage schedule that the employee will perform in on this project. (please note: if apprentice, proof of certification must be submitted)
- 6) Basic Wage - Hourly rate paid in cash to the employee on this project. (Please note: it should be identifiable on the employees paycheck stub)
- 7) Vacation – Hourly rate paid by employer to approved plan for vacation
- 8) Health – Hourly rate paid by employer to an approved plan for health care
- 9) Dental – Hourly rate paid by employer to an approved plan for dental care
- 10) Vision – Hourly rate paid by employer to an approved plan for vision care
- 11) Life – Hourly rate paid by employer to an approved plan for life insurance
- 12) Tuition – Hourly rate paid by employer to an approved plan for education fund
- 13) Bonus – Hourly rate paid by employer to an approved plan for annual bonuses
- 14) 401k – Hourly rate paid by employer to an approve plan for deferred comp.
- 15) Other – Hourly rate paid by employer for other allowable benefits as identified in writing on form or attached.
- 16) Total Wage – Hourly rate including base wage paid to employee and fringe benefits paid by employer to approved plans. [Formula = Items (6+7+8+9+10+11+12+13+14+15) = 16]

**COUNTY OF MUSKEGON
SUBCONTRACTOR EMPLOYMENT DATA**

This form must be completed for each subcontractor performing work PRIOR to work start.

(1) Company Name _____ (2) Project Name _____

(3) Project No. _____ (4) Subcontractor represents that it is , is not a woman or women-owned business; it is , is not a minority-owned business; it is , is not a disadvantaged business enterprise.

(5) Employee Name and Address	(6) Job Classification	(7) Base Wage	(8) Vacation	(9) Health	(10) Dental	(11) Vision	(12) Life	(13) Tuition	(14) Bonus	(15) 401 K	(16) Other	(17) Total Wage

Signature _____ Date _____

Instructions for Completing the Subcontractor Employment Data Reports

- 1) Company Name - Name of the contractor or subcontractor submitting the report.
- 2) Project Name - Project name as identified in the request for bids, quotes, etc. issued by Muskegon County.
- 3) Project Number - Bid number as identified in the solicitation issued by Muskegon County.
- 4) Certification – Minority, Woman or Women-Owned, or Disadvantaged Business Enterprise.
- 5) Employee Name and Address - Name and address of the employee, on your payroll, that will perform work on the project.
- 6) Job Classification - Job classification as listed in the wage schedule that the employee will perform in on this project. (please note: if apprentice, proof of certification must be submitted)
- 7) Basic Wage - Hourly rate paid in cash to the employee on this project. (Please note: it should be identifiable on the employees paycheck stub)
- 8) Vacation – Hourly rate paid by employer to approved plan for vacation
- 9) Health – Hourly rate paid by employer to an approved plan for health care
- 10) Dental – Hourly rate paid by employer to an approved plan for dental care
- 11) Vision – Hourly rate paid by employer to an approved plan for vision care
- 12) Life – Hourly rate paid by employer to an approved plan for life insurance
- 13) Tuition – Hourly rate paid by employer to an approved plan for education fund
- 14) Bonus – Hourly rate paid by employer to an approved plan for annual bonuses
- 15) 401k – Hourly rate paid by employer to an approve plan for deferred comp.
- 16) Other – Hourly rate paid by employer for other allowable benefits *as identified in writing on form or attached.*
- 17) Total Wage – Hourly rate including base wage paid to employee and fringe benefits paid by employer to approved plans.

[Formula = Items (7+8+9+10+11+12+13+14+15+16) = 17]



**EXHIBIT 3 - MUSKEGON COUNTY
CONSTRUCTION TRADES REQUEST FOR
WAGE DETERMINATION**

Muskegon County Office of Equal Opportunity
990 Terrace Street
4th Floor, Michael E. Kobza Hall of Justice
Muskegon, MI 49442
Phone: (231) 724-7139
Fax: (231) 724-4707

CONTACT: Mary Villanueva Equal Employment Officer
eeo@co.muskegon.mi.us

REQUEST FOR WAGE DETERMINATION		
Name of Person Requesting Wage Determination		Date
Address		
Phone	Fax	Email
Type of Business		
Job Title	Total Hrs. Worked per week	Anticipated Rate of Pay
Job Description (<i>Specific duties expected</i>)		
Title of Immediate Supervisor		Number of Employees this job will supervise
Level of Education Required	Experience Required	Training Required
License/Certification Required	Other Special Skills, Knowledge Required	
WAGE DETERMINATION – For Department use only		
CCT Code	CCT Title	CCT Wage Level
Wage Rate (per hour including fringes)	Determination Sources <input type="checkbox"/> Prevailing Wage (_____) <input type="checkbox"/> Davis/Bacon Wage (_____) <input type="checkbox"/> Trades Survey (_____) <input type="checkbox"/> Other (_____)	
Rate is valid through <input type="checkbox"/> Year ending _____ <input type="checkbox"/> Project ending _____ <input type="checkbox"/> _____ days from Determination Date	Determination Date	
Wage Rate determined by:		

Wage and Hour Division (WHD)

Instructions For Completing Payroll Form, WH-347

- [WH-347](#) (PDF)
OMB Control No. 1235-0008, Expires 01/31/2015.

General: Form WH-347 has been made available for the convenience of contractors and subcontractors required by their Federal or Federally-aided construction-type contracts and subcontracts to submit weekly payrolls. Properly filled out, this form will satisfy the requirements of Regulations, Parts 3 and 5 (29 C.F.R., Subtitle A), as to payrolls submitted in connection with contracts subject to the Davis-Bacon and related Acts.

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Under the Davis-Bacon and related Acts, the contractor is required to pay not less than prevailing wage, including fringe benefits, as predetermined by the Department of Labor. The contractor's obligation to pay fringe benefits may be met either by payment of the fringe benefits to bona fide benefit plans, funds or programs or by making payments to the covered workers (laborers and mechanics) as cash in lieu of fringe benefits.

This payroll provides for the contractor to show on the face of the payroll all monies to each worker, whether as basic rates or as cash in lieu of fringe benefits, and provides for the contractor's representation in the statement of compliance on the payroll (as shown on page 2) that he/she is paying for fringe benefits required by the contract and not paid as cash in lieu of fringe benefits. Detailed instructions concerning the preparation of the payroll follow:

Contractor or Subcontractor: Fill in your firm's name and check appropriate box.

Address: Fill in your firm's address.

Payroll No.: Beginning with the number "1", list the payroll number for the submission.

For Week Ending: List the workweek ending date.

Project and Location: Self-explanatory.

Project or Contract No.: Self-explanatory.

Column 1 - Name and Individual Identifying Number of Worker: Enter each worker's full name and an individual identifying number (e.g., last four digits of worker's social security number) on each weekly payroll submitted.

Column 2 - No. of Withholding Exemptions: This column is merely inserted for the employer's convenience and is not a requirement of Regulations, Part 3 and 5.

Column 3 - Work Classifications: List classification descriptive of work actually performed by each laborer or mechanic. Consult classification and minimum wage schedule set forth in contract specifications. If additional classifications are deemed necessary, see Contracting Officer or Agency representative. An individual may be shown as having worked in more than one classification provided an accurate breakdown of hours worked in each classification is maintained and shown on the submitted payroll by use of separate entries.

Column 4 - Hours worked: List the day and date and straight time and overtime hours worked in the applicable boxes. On all contracts subject to the Contract Work Hours Standard Act, enter hours worked in excess of 40 hours a week as "overtime".

Column 5 - Total: Self-explanatory

Column 6 - Rate of Pay (Including Fringe Benefits): In the "straight time" box for each worker, list the actual hourly rate paid for straight time worked, plus cash paid in lieu of fringe benefits paid. When recording the straight time hourly rate, any cash paid in lieu of fringe benefits may be shown separately from the basic rate. For example, "\$12.25/.40" would reflect a \$12.25 base hourly rate plus \$0.40 for fringe benefits. This is of assistance in correctly computing overtime. See "Fringe Benefits" below. When overtime is worked, show the overtime hourly rate paid plus any cash in lieu of fringe benefits paid in the "overtime" box for each worker; otherwise, you may skip this box. See "Fringe Benefits" below. Payment of not less than time and one-half the basic or regular rate paid is required for overtime under the Contract Work Hours Standard Act of 1962 if the prime contract exceeds \$100,000. In addition to paying no less than the predetermined rate for the classification which an individual works, the contractor must pay amounts predetermined as fringe benefits in the wage decision made part of the contract to approved fringe benefit plans, funds or programs or shall pay as cash in lieu of fringe benefits. See "FRINGE BENEFITS" below.

Column 7 - Gross Amount Earned: Enter gross amount earned on this project. If part of a worker's weekly wage was earned on projects other than the project described on this payroll, enter in column 7 first the amount earned on the Federal or Federally assisted project and then the gross amount earned during the week on all projects, thus "\$163.00/\$420.00" would reflect the earnings of a worker who earned \$163.00 on a Federally assisted construction project during a week in which \$420.00 was earned on all work.

Column 8 - Deductions: Five columns are provided for showing deductions made. If more than five deduction are involved, use the first four columns and show the balance deductions under "Other" column; show actual total under "Total Deductions" column; and in the attachment to the payroll describe the deduction(s) contained in the "Other" column. All deductions must be in accordance with the provisions of the Copeland Act Regulations, 29 C.F.R., Part 3. If an individual worked on other jobs in addition to this project, show actual deductions from his/her weekly gross wage, and indicate that deductions are based on his gross wages.

Column 9 - Net Wages Paid for Week: Self-explanatory.

Totals - Space has been left at the bottom of the columns so that totals may be shown if the contractor so desires.

Statement Required by Regulations, Parts 3 and 5: While the "statement of compliance" need not be notarized, the statement (on page 2 of the payroll form) is subject to the penalties provided by 18 U.S.C. § 1001, namely, a fine, possible imprisonment of not more than 5 years, or both. Accordingly, the party signing this statement should have knowledge of the facts represented as true.

Items 1 and 2: Space has been provided between items (1) and (2) of the statement for describing any deductions made. If all deductions made are adequately described in the "Deductions" column above, state

"See Deductions column in this payroll." See "FRINGE BENEFITS" below for instructions concerning filling out paragraph 4 of the statement.

Item 4 FRINGE BENEFITS - Contractors who pay all required fringe benefits: If paying all fringe benefits to approved plans, funds, or programs in amounts not less than were determined in the applicable wage decision of the Secretary of Labor, show the basic cash hourly rate and overtime rate paid to each worker on the face of the payroll and check paragraph 4(a) of the statement on page 2 of the WH-347 payroll form to indicate the payment. Note any exceptions in section 4(c).

Contractors who pay no fringe benefits: If not paying all fringe benefits to approved plans, funds, or programs in amounts of at least those that were determined in the applicable wage decision of the Secretary of Labor, pay any remaining fringe benefit amount to each laborer and mechanic and insert in the "straight time" of the "Rate of Pay" column of the payroll an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the application wage decision. Inasmuch as it is not necessary to pay time and a half on cash paid in lieu of fringe benefits, the overtime rate shall be not less than the sum of the basic predetermined rate, plus the half time premium on basic or regular rate, plus the required cash in lieu of fringe benefits at the straight time rate. In addition, check paragraph 4(b) of the statement on page 2 the payroll form to indicate the payment of fringe benefits in cash directly to the workers. Note any exceptions in section 4(c).

Use of Section 4(c), Exceptions

Any contractor who is making payment to approved plans, funds, or programs in amounts less than the wage determination requires is obliged to pay the deficiency directly to the covered worker as cash in lieu of fringe benefits. Enter any exceptions to section 4(a) or 4(b) in section 4(c). Enter in the Exception column the craft, and enter in the Explanation column the hourly amount paid each worker as cash in lieu of fringe benefits and the hourly amount paid to plans, funds, or programs as fringe benefits. The contractor must pay an amount not less than the predetermined rate plus cash in lieu of fringe benefits as shown in section 4(c) to each such individual for all hours worked (unless otherwise provided by applicable wage determination) on the Federal or Federally assisted project. Enter the rate paid and amount of cash paid in lieu of fringe benefits per hour in column 6 on the payroll. See paragraph on "Contractors who pay no fringe benefits" for computation of overtime rate.

**COUNTY OF MUSKEGON
SUBCONTRACT SOLICITATION REPORT**

(1) Contractor Name _____ (2) Project Name _____

(3) Project No. _____ (4) Item Subcontracted _____

(5) Firm Contacted Company Name - Contact - Address - Telephone	(6) MBE/WBE OTHER	(7) Date Contacted	(8) Method of Contact	(9) Cost Quoted	(10) Quote Status

Signature _____ Date _____

Instructions for Completing the Subcontract Solicitation Report

- 1) Contractor Name - This is the name of the contractor/company that is bidding the project but will award subcontracts for work to be performed.
- 2) Project Name - This is the project name as identified in the request for bids, quotes, etc. issued by Muskegon County.
- 3) Project Number - This is the bid number as identified in the solicitation issued by Muskegon County.
- 4) Item Subcontracted This is a brief description of the item to be subcontracted and which quotations are being solicited.
- 5) Firm Contacted This is the company name, contact name, address and telephone number of the company that was solicited for the subcontract opportunity. (Please note: each firm should be listed) Firms not listed will not be awarded a subcontract until granted authorization from Muskegon County.
- 6) MBE - WBE - Other - This is the company identifier as a MBE (Minority Business Enterprise), WBE (Woman Business Enterprise) or Other (Non MBE/WBE Business Enterprise)
- 7) Date Contacted - This is the date in which you made responsive contact with the subcontractor.
- 8) Method of Contact - This is the method used to contact the subcontractor, i.e., telephone, fax, mail, personal visit, subcontractor made contact, etc.
- 9) Cost Quoted This is the price that was quoted by the subcontractor. (Please note: make comments if subcontractor quote different than your solicitation).
- 10) Quote Status - This identifies whether the quote was accepted, rejected or is pending award.

For federally-funded projects only, MBE/WBE outreach, solicitation and awards efforts not met should be explained. The Muskegon County EEO Office is available for technical assistance if necessary.

COUNTY OF MUSKEGON
CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions under federal non-procurement programs by any federal department or agency.
2. Have not, within the three year period preceding the proposal, had one or more public transactions (federal, state, or local) terminated for cause or default, have ever been on the Prevailing Wage Violator's Registry or are currently being investigated under current name or any DBA's, corporate names, subsidiaries or other business entities under which you have operated in the last three years; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the bid, been convicted or had a civil judgment rendered against it.
 - A. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local) or a procurement contract under such a public transaction.
 - B. For the violation of federal or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging, or
 - C. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, under 18 U.S.C. § 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to five years, or both.

Name/Title of Authorized Representative	Name of Participant Agency or Firm
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Signature of Authorized Representative	Date
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I am unable to certify to the above statement. Attached is my explanation.

COUNTY OF MUSKEGON

NON-DISCRIMINATION STATEMENT

Contractor Name: _____

Project Name: _____

Project #: _____

The bidder's signature indicates that bidder agrees that no individual shall, on the ground of race, creed, age, color, national origin or ancestry, religion, sex, marital status or handicap be excluded from participation, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity provided by this bidder.

Bidder further agrees that every subcontract entered into for the performance of this contract will contain a provision prohibiting discrimination against minority, women and handicapper owned businesses in subcontracting, and making discrimination a material breach of contract.

Authorized Signature

Date

Note: Failure to submit the signed statement as part of the bid will be cause for rejection of the bid.