

APPENDIX A
CERTIFICATE OF AUTHORIZATION

**Note: A certified vote of the corporation may be substituted for this form.*

The VENDOR, _____, is: (CHECK ONE)

___ A. a corporation formed and existing under the laws of the state of _____, and pursuant to the corporate by-laws,

(Insert Name & Title of Authorized Rep)

is authorized to execute contracts in the name of said corporation. Such execution of any contract or obligation in this corporation's name on its behalf by such duly authorized individual shall be valid and binding upon the corporation.

___ B. a limited liability company or a partnership formed and existing under the laws of the state of _____, and pursuant to the limited liability company agreement or partnership agreement,

(Insert Name & Title of Authorized Rep)

is authorized to execute contracts in the name of said company or partnership. Such execution of any contract or obligation in this company or partnership's name on its behalf by such duly authorized individual shall be valid and binding upon the company or partnership.

___ C. is a sole proprietorship owned and operated exclusively by the undersigned.

(Insert Name & Title of Authorized Rep)

Execution of any contract or obligation in this sole proprietorship's name by such duly authorized individual shall be valid and binding.

SIGNED under the pains and penalties of perjury this ___ day of _____, 20__.

Signature:

(Must be signed by Corporate Officer, Partner, Member or Sole Proprietor)

Print Name of Above Signatory

Date:

APPENDIX B
CERTIFICATE OF CORPORATE VOTE

I, _____; clerk/officer of _____
hereby notify that at a meeting of the Board of Directors/Officials of said corporation/company, held on __
_____ the following vote was passed:

Vote to authorizing _____ to sign in behalf of the
corporation/company with the City of Brockton for _____.

Signature of Clerk/Officer

*** PLEASE ATTACH COPY OF OFFICIAL CERTIFICATE OF CORPORATE VOTE.**

VENDOR TAX CERTIFICATE

I certify, under the pains and penalties of perjury, that to the best of my knowledge and belief, I have filed
all state tax returns and paid all state taxes required under the law.

For use by CORPORATIONS ONLY:

PROPER CORPORATE NAME

SIGNATURE OF AUTHORIZED CORPORATE OFFICER

FEDERAL IDENTIFICATION NUMBER (FEIN)

For use by INDIVIDUALS OR COMPANIES OTHER THAN CORPORATIONS ONLY:

SIGNATURE OF INDIVIDUAL *

SOCIAL SECURITY NUMBER OR
FEDERAL IDENTIFICATION NUMBER (FEIN) **

*Approval of contract or other agreement will not be granted unless this certification clause is signed by
applicant.

**Your social security number will be furnished to the Massachusetts Department of Revenue to
determine whether you have met tax filing/payment obligations.

APPENDIX C
AFFIDAVIT OF CLERK OF CORPORATION VENDOR
(To be signed and completed by Clerk)

I, _____, certify as follows:
(Print full name of Clerk)

1. I am the Clerk of _____ (print exact name of corporation) which is duly organized and incorporated under the laws of the Commonwealth of Massachusetts (or State of _____) and is/is not (circle one) duly registered to do business in the Commonwealth of Massachusetts with a principal place of business at _____.

2. That the names, residential addresses and title officers of the above-named corporation are as follows:

_____ President	_____ Address
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_____ Vice President	_____ Address
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_____ Treasurer	_____ Address
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_____ Resident/Registered Agent	_____ Address
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3. That the above-named corporation was incorporated on _____.
4. The federal tax identification number of said corporation is _____.
5. That the above-named corporation is in good standing with the Secretary of the Commonwealth of Massachusetts or the State of _____ (if incorporated under the laws of a foreign State) and has filed all federal and state tax returns and paid all federal, state and/or local taxes required under law.
6. _____ is authorized to sign contracts/agreements on behalf of _____ pursuant to a vote of the Board of Directors/Officers on _____.
7. I, on behalf of the within corporation, do hereby acknowledge that by this contract, this corporation is transacting business within the Commonwealth of Massachusetts as defined by M.G.L. Chapter 223 A, Section 1, et seq. And is subject to the jurisdiction of its courts. (Pertaining to Non-Massachusetts Corporations Only.)

SIGNED under the pains and penalties of perjury this _____ day of _____, 20____.

Signature of Clerk of Corporation

APPENDIX D
VENDOR REGISTRATION FORM

TO BE COMPLETED BY ALL VENDORS:

TYPED/PRINTED NAME AND TITLE: _____

SIGNATURE: _____ DATE: _____

PROPER LEGAL NAME OF BUSINESS ENTITY: _____

FEIN or SOCIAL SECURITY NUMBER if FEIN is N/A: _____

BUSINESS ADDRESS: _____

TELEPHONE NO: _____ FAX NO: _____

EMAIL ADDRESS: _____

IF CORPORATION:

1. GIVE YOUR CORRECT CORPORATE NAME:

2. STATE AND DATE OF INCORPORATION:

3. IF FOREIGN CORPORATION, GIVE MASSACHUSETTS REGISTRATION DATE:

IF FOREIGN BUSINESS ENTITY TRANSACTING BUSINESS IN MA, GIVE NAME/ADDRESS OF RESIDENT/REGISTERED AGENT IN MA (REQUIRED):

IF COMPANY, GIVE the OWNER'S NAME AND TITLE:

IF PARTNERSHIP, GIVE NAMES AND ADDRESSES OF PARTNERS:

IF TRUST OR LEGAL ENTITY, GIVE NAMES AND ADDRESSES OF TRUST OR LEGAL ENTITY:

MINORITY/WOMEN BUSINESS CLASSIFICATION STATEMENT

1. Our firm is principally (more than 50%) minority owned.

YES _____ NO _____

2. Our firm is principally (more than 50%) woman owned.

YES _____ NO _____

3. Our firm is registered with S.O.M.B.A. (State Office of Minority & Business Assistance)

YES ___ NO ___ /

SOMWBA CERTIFICATION CATEGORY: ___ / MBE ___ WBE ___

APPENDIX E
VENDOR WORK HISTORY

A. The undersigned proposes to supply: _____.

B. The undersigned offers the following information as evidence of his qualifications to perform the work as bid upon, according to all the requirements of the specifications.

1. Have been in business under present business name for _____ years.
2. Are you fully licensed to do business under this contract? _____
3. Do you comply with all ordinances and regulations mandated by M.G.L. and the community in which you are located? _____
4. Ever fail to complete any work awarded? _____
5. List at least three (3) state, local or private companies and/or organizations which you have served recently of similar character as required for the above-mentioned.

<u>LOCATION</u>	<u>DATE</u>	<u>DESCRIPTION OF WORK</u>	<u>CONTACT INFO</u>
1. _____			
2. _____			
3. _____			

C. Bidders shall indicate firm date of delivery on receipt of contract and subsequent purchase order form the City of Brockton.

DELIVERY DATE: _____

COMPANY: _____

TYPED NAME AND TITLE: _____

SIGNATURE: _____

D. Bidders shall note that this bid reflects all changes in addendum/amendment numbers:

CERTIFICATE OF NON-COLLUSION AND BONA FIDE QUOTE

As per Chapter 30B, Section 10, any person submitting a quote for the procurement or disposal of supplies or services to any governmental body shall certify in writing, on the quote, as follows:

The undersigned certifies under the penalty of perjury that this quote has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business partnership, corporation, union, committee, club or other organization, entity, or group of individuals.

AUTHORIZED SIGNATURE: _____