ATTACHMENT 1

Equal Employment Opportunity Certification

(For Contractors/Vendors Other Than Individuals)

Charleston County Park and Recreation Commission requires compliance with State and Federal regulations governing Equal Employment Opportunity, External Equal Opportunities (EO), External On-the-Job Training (OJT), Title VI, and the Americans with Disabilities Act (ADA) programs.

Sub-recipients of federal-aid contracts must include notifications in all solicitations for bids of work or material and agreements subject to Title VI of the Civil Rights Act of 1964 and other nondiscrimination authorities. Sub-recipients, contractors and subcontractors may not discriminate in their employment practices or in the selection and retention of any subcontractor.

By signing this document, the Contractor/Vendor hereby certifies its commitment to assure nondiscrimination in its programs and activities to the effect that no person shall on the grounds of race, color, national origin, sex, age, disability or income status be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any federally or non-federally funded program or activity administered by the sub-recipient and/or its contractors.

CCPRC Contract Number: **2026-010**

Project Name: Boardwalk Replacement at BWCP

Contractor/Vendor Name: _____

Address: _____

Authorized Representative Name and Title: _____

Signature of Authorized Representative: _____

Witness (Print Name and Sign): _____

ATTACHMENT 1

NON-COLLUSION OATH

COUNTY OF:_____

STATE OF:_____

Before me, the Undersigned, a Notary Public, for and in the County and State aforesaid, personally appeared _____and made oath that the Contractor herein, his agents, servants, and/or employees, to the best of his knowledge and belief, have not in any way colluded with anyone for and on behalf of the Contractor, or themselves, to obtain information that would give the Contractor an unfair advantage over others, nor have they colluded with anyone for and on behalf of the Contractor, or themselves, to gain any favoritism in the award of the contract herein.

SWORN TO BEFORE ME THIS

_____

_____DAY OF_____, 20__

_____
NOTARY PUBLIC FOR THE

STATE OF _____

My Commission Expires: _____

Print Name:_____

Phone Number: _____

Address:_____

_____

(Note: Notary seal required for foreign Contractor.)

Authorized Signature for Contractor

Please print Contractor's name and address:

_____

_____

_____

ATTACHMENT 1

Charleston County Park and Recreation Commission
Drug-free Workplace Certification
(Contractor/Vendor Other Than Individuals)

This certification is required by the Drug-free Workplace Act, Section 44-107-10 et seq South Carolina Code of Laws (1976, as amended). The regulations require certification by Contractors/Vendors prior to award, that they will maintain a drug-free workplace as defined below. The certification set out below is a material representation of fact upon which reliance will be placed when determining the award of a contract. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of contract, or suspension or debarment from the right to submit bids or proposals for Charleston County Park and Recreation Commission projects.

For purposes of this Certification, "Drug-free Workplace" is defined as set forth in Section 44-107019 (1), South Carolina Code of Laws (1976, as amended). The aforesaid Section defines workplace to include any site where work is performed to carry out the Contractor's/ Vendor's duties under the contract. Contractor's/Vendor's employees shall be prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in accordance with the requirements of the Drug-free Workplace Act.

By signing this document, the Contractor/Vendor hereby certifies that it will provide a drug-free workplace by:

(1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's/Vendor's workplace and specifying the actions that will be taken against employees for violation of the prohibition;

(2) Establishing a drug-free awareness program to inform employees about:

  (a) The dangers of drug abuse in the workplace;

  (b) The Contractor's/Vendor's policy of maintaining a drug-free workplace;

  (c) Any available drug counseling, rehabilitation, and employee assistance programs; and

  (d) The penalties that may be imposed upon employees for drug violations;

(3) Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (1) above;

(4) Notifying the employee in the statement required by paragraph (1) that, as a condition of employment under the contract, the employee will:

  (a) Abide by the terms of the statement: and

(b) Notify the employer of any criminal drug statue conviction for a violation occurring in the workplace no later than Five (5) Days after the conviction;

(5) Notifying the using agency within Ten (10) Days after receiving notice under subparagraph (4) (b) from an employee or otherwise receiving actual notice of the conviction;

(6) Taking one of the following actions, within Thirty (30) Days of receiving notice under subparagraph (4) (b) with respect to any employee who is convicted:

(a) Taking appropriate personnel action against the employee, up to and including termination; and

(b) Requiring the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;

(7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5), and (6) above.

CCPRC Contract Number: 2026-010

Project Name: Boardwalk Replacement at BWCP

Contractor/Vendor Name: _____

Address: _____

_____

Authorized Representative Name/Title: _____

Signature: _____ **Date:** _____

Witness: _____

Note: This certification form is required for all contracts for a stated or estimated value of $50,000 or more.

ATTACHMENT 1

COMPLIANCE WITH ILLEGAL IMMIGRATION ACT

By signing a bid/proposal, the Bidder/Offeror certifies that it will comply with the applicable requirements of Title 8, Chapter 14 of South Carolina Code of Laws and agree to provide to the State upon request any documentation required to establish either; (a) that Title 8, Chapter 14 is inapplicable to the Bidder/Offeror and its subcontractors or sub-subcontractors; or (b) that the Bidder/Offeror and its subcontractors or sub-subcontractors are in compliance with Title 8, Chapter 14.

Pursuant to Section 8-14-60, "A person who knowingly makes or files any false, fictitious, or fraudulent document, statement, or report pursuant to this chapter is guilty of a felony and, upon conviction, must be fined within the discretion of the Court or imprisoned for not more than five years, or both."

Bidder/Offeror agrees to include in any contracts with subcontractors, language requiring subcontractors to (a) comply with applicable requirements of Title 8, Chapter 14, and (b) include in its contracts with the sub-contractors language requiring the sub-subcontractors to comply with the applicable requirements of Title 8, Chapter 14.

CCPRC Contract Number: 2026-0**10**

Project Name: **Boardwalk Replacement at BWCP**

Contractor/Vendor

Name:_____

Address:_____

Authorized Representative Name and Title:_____

Signature of Authorized Representative:_____

Witness (Print Name and Sign):_____

ATTACHMENT 1

INSURANCE REQUIREMENTS

(Contracts Greater Than $50,000)

Contractors working for the Charleston County Park and Recreation Commission are required to procure and maintain for the duration of their contract with the County insurance against claims for injuries to persons or damages to property which may arise from or in connection with work performed by the Contractor, his agents, representatives, employees or subconsultants. The cost of such insurance shall be the responsibility of the Contractor.

A. The Contractor shall carry lability insurance with a reliable company licensed to do business in South Carolina. Coverage shall be at least broad as:

1. Insurance Services Office Commercial General Liability Coverage Form ("occurrence") CG 00 01 10 93 or equivalent.

2. Insurance Services Office Business Auto Coverage Form CA 00 01 6 92 covering automobile liability, code 8 and 9 non-owned or hired.

B. The Contractor shall carry workers' compensation as required by the State of South Carolina and Employers Liability insurance (including applicable occupation disease provisions and all state endorsements.)

C. The Contractor shall maintain limits no less than the following:

1. **GENERAL LIABILITY**: $1,000,000 combined single limit per occurrence for bodily injury, property damage, and personal injury with a $1,000,000 general aggregate limit.

2. **AUTOMOBILE LIABILITY**: $1,000,000 combined single limit per accident for bodily injury and property damage.

3. **WORKERS' COMPENSATION**: Statutory limits are required by South Carolina state law, and employer's liability limits of $100,000 per accident.

D. Required policies are to contain, or be endorsed to contain, the following provisions:

1. General Liability and Automobile Liability Coverage
The Charleston County Park and Recreation Commission, its officials, employees and volunteers are to be covered as additional insured as respects: Liability arising out of activities performed by or on behalf of the Contractors; premises owned, occupied or used by the Contractor; or automobiles owned, leased, hired or borrowed by the Contractor. The coverage shall contain no special limitations on the scope of protection afforded to Charleston County Park and Recreation Commission, its officials, employees or volunteers. To accomplish this objective, Charleston County Park and Recreation Commission shall be named as an additional insured under the Contractor's general liability policy by attaching "Who Is An Insured" Endorsement. Contractors' insurance

coverage shall be primary insurance as respects the Charleston County Park and Recreation Commission, its officials, employees and volunteers. Any insurance or self-insurance maintained by Charleston County Park and Recreation Commission, its officials, employees, or volunteers shall be in excess of the Contractor's insurance and shall not be required to contribute. To accomplish

this objective, the following wording should be incorporated in the previously referenced additional insured endorsement.

Other Insurance: This insurance is primary, and our obligations are not affected by any other insurance carried by the additional insured whether primary, excess, contingent or on any other basis.

Any failure to comply with reporting provisions of the Contractor's policies shall not affect coverage provided to the Charleston County Park and Recreation Commission, its officials, employees or volunteers.

2. Workers' Compensation

The Contractor shall agree to waive all rights of subrogation against the Charleston County Park and Recreation Commission, its officials, employees and volunteers for losses arising from work performed by the Contractor for the Charleston County Park and Recreation Commission.

E. Any deductibles or self-insured retentions larger than $5,000 must be declared to and approved by the Charleston County Park and Recreation Commission.

F. Each insured policy required by Charleston County Park and Recreation Commission shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the Charleston County Park and Recreation Commission

G. All coverages for subconsultants shall be subject to all the requirements stated herein.

H. Insurance must be placed with an approved insurance company with current Best's rating of A+, A, or A-. Exceptions to this requirement must be approved in writing by the Department of Risk Management.

I. The Contractor shall furnish the Charleston County Park and Recreation Commission with Certificates of Insurance noting the endorsements. The Certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be received and approved by Charleston County Park and Recreation Commission, Procurement Department, before work commences. Charleston County Park and Recreation Commission reserves the right to require complete, certified copies of all required insurance policies, at any time.

Required certificates should be mailed to:

Charleston County Parks and recreation Commission
861 Riverland Drive
Charleston, South Carolina, 29412

ATTACHMENT 1

SUBCONTRACTOR DATA FORM

List all subcontractors to be used on this project that have been identified prior to submitting your bid. Attach additional copies of this form if more space is needed.

Solicitation No. 2026-010 Total Bid Amount _____ Contractor _____

Subcontractor's Business Name, Address, Phone, and email Please Print	Short Description of Goods or Services to be Provided by Subcontractor	Is this business a certified Charleston County SBE?	Dollar Amount of Subcontract	Subcontract Percentage of Total Bid Amount
		□ Yes □ No		
		□ Yes □ No		
		□ Yes □ No		
		□ Yes □ No		

ATTACHMENT 1

CONTRACTOR CERTIFICATION/QUALIFICATION QUESTIONNAIRE

VENDOR:_____
PRINCIPAL OWNERS:_____
ADDRESS:_____
TELEPHONE:_____ FAX:_____
FEDERAL ID NO.:_____
CORPORATION_____ PARTNERSHIP_____ INDIVIDUAL____

1. Three references are required which demonsrate the capability to perfom the work described in the solicitaton.

2. If you are a Corporation, indicate state of incorporation and principal place of business.

3. Describe the types of goods you believe your firm is qualified to sell to for Charleston County Park and Recreation Commission.

4. Identify the number of years your organization has been in business as a Vendor under your present business name.

5. Identify and describe briefly the number of years experience your company has been in business and the most significant projects you have completed.

6. Have you ever failed to complete any work ordered to you were contracted to provide materials and/or products? _____ If so, give the dates, location of the project, and the reasons therefor.

7. Has any officer or partner of your organization or project manager or supervisor of your organization ever failed to complete a contract handled in his/her own name?_____ If so, state the name of the individual, the name of the owner and the reason therefor.

8. If you are a bondable entity, identify your current surety, agent, and bonding capacity: (single line and project aggregate)

9. Has your corporation or organization or any partners, officers, or project management personnel of your corporation ever been indicted or been the subject of any disciplinary, suspension or debarment proceedings before any licensing authorities, state, or federal entities? _____ If so, identify the names of the persons, the circumstances surrounding such alleged misconduct and the outcome of such proceedings.

10. In the table below identify all substantial order filled in the past three years:

Name of Owner	Amt. of Cont. and Project Description	Was Project Completed on Time If no, explain why.

11. Briefly describe your physical plant, equipment inventory, and current capacity:

12. Additional Comments:

Vendor's Statement:

I hereby attest and affirm that the information contained in this questionnaire is truthful to the best of my knowledge. I further recognize that this information is provided in order to assist Charleston County Park and Recreation Commission in its determination of whether to find me a responsible Vendor or a qualified Vendor to sell goods to Charleston County Park and Recreation Commission. I further give Charleston County Park and Recreation Commission authority and permission to verify any information contained on this questionnaire and to contact any references I have listed in order to verify the information contained herein.

_____ _____

Authorized Name and Signature Date