# EXHIBIT B - STATEMENT OF ASSURANCES & CERTIFICATIONS

**Reed Market Bridge Legal Services, Project No. 1GRMC, Solicitation No. 27-3217**

## Certifications

**We Hereby Certify** to comply with Title VI of the Civil Rights Act of 1964, with Section V of the Rehabilitation Act of 1973, and with all applicable requirements of federal and state civil rights and rehabilitation statues, rules, and regulations. **We Certify** also that we shall comply with the Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act (ADAAA) of 2008 and any subsequent amendments (42 U.S.C. § 12101, et seq.) (Pub L No. 101-336), ORS 659A, and all regulations and administrative rules established pursuant to those laws. **We Certify**, in the performance of any agreement issued from any Proposal related to these documents, we will in all respects adhere to the City of Bend's policy of non-discrimination.

**We Hereby Certify** that we have not and shall not discriminate against a subcontractor in awarding a subcontract because the subcontractor is a minority, women, or emerging small business enterprise certified under ORS 200.055, or a business enterprise that is owned or controlled by or that employs a disabled veteran, as defined in ORS 408.225.

**We Hereby Certify** that we, and our subcontractors, if any, and all employers working under this agreement are subject employers under the Oregon Workers' Compensation Law, and shall comply with ORS 656.017, which requires them to provide Workers' Compensation coverage for all of their subject workers, unless such employers are exempt under the law.

**We Hereby Certify**, under penalty of perjury, that the Proposer has complied with the tax laws of this state or a political subdivision of this state, including but not limited to ORS 305.620, and ORS chapters 316, 317, and 318.

**We Hereby Certify** that we:

_____ ACCEPT all the terms and conditions contained herein, and in the event of a forthcoming agreement containing these same terms and conditions, we would agree without exception.

_____ DO NOT ACCEPT all the terms and conditions contained herein. Any exception to these terms and conditions must be provided on or attached to this Exhibit.

**We Certify** that we _____ ARE _____ ARE NOT (mark one) a "Resident Bidder" as defined by ORS 279A.120. As defined in ORS 279A.120, "Resident Bidder" means a bidder that has paid unemployment taxes or income taxes in this state in the twelve calendar months immediately preceding submission of the bid, has a business address in this state, and has stated in the bid whether the bidder is a "Resident Bidder".

If not a Resident Bidder as defined in ORS 279A.120, please indicate state of residence:

_____.

**We Certify** that we have reviewed the City's Public Contracts Conflict of Interest Policy (**Administrative Policy No. FIN-0102**) and that Proposer's Firm and its subcontractors _____ DO / _____ DO NOT have (1) any Organizational Conflict of Interest, (2) prior work on this project, and/or (3) Individual Conflict of Interest (applicable to any individual identified in the Proposal). (If Proposer checks "DO", explain the conflict or prior work and why the conflict or prior work does not exclude Proposer from proposing on this project under the City's policy).

# Addenda

**We Certify** that we have received the following Addenda:

# _____ dated: _____ # _____ dated: _____

# _____ dated: _____ # _____ dated: _____

# _____ dated: _____ # _____ dated: _____

# Proposer Information

Proposer's Legal Name: _____

Street Address: _____

City/State/Zip: _____

Point of Contact Name: _____

Point of Contact Email: _____ Phone: _____

# Signature

Proposer's Legal Name: _____

_____ _____

Signature of Proposer's Authorized Representative Date

_____

Name and Title of Proposer's Authorized Representative

# Exceptions to the Certifications

Proposer must cross out or identify those items they cannot certify to and list the reasons for the exception (use additional pages if necessary), and/or provide requested agreement modifications:

**Accommodation Information for People with Disabilities & Language Assistance Services**
You can obtain this information in alternate formats such as Braille, electronic format, etc. Free language assistance services are also available. Please email **accessibility@bendoregon.gov** or call 541-693-2198. Relay Users Dial 7-1-1. All requests are subject to vendor processing times and should be submitted 48-72 hours in advance of events.

**Servicios de asistencia lingüística e información sobre alojamiento para personas con discapacidad**
Puede obtener esta información en formatos alternativos como Braille, formato electrónico, etc. También disponemos de servicios gratuitos de asistencia lingüística. Póngase en contacto en correo electrónico **accessibility@bendoregon.gov** o número de teléfono 541-693-2198. Los usuarios del servicio de retransmisión deben marcar el 7-1-1. Por favor, envíe sus solicitudes con 48-72 horas de antelación al evento; todas las solicitudes están sujetas a los tiempos de procesamiento del proveedor.