

ENCLOSURE DOCUMENT A
VIRGIN ISLANDS HOUSING FINANCE AUTHORITY
COVER LETTER

RESPONDENT:

Name: _____
Address: _____
Tax Identification #: _____

RESPONDENT'S PRIMARY CONTACT PERSON:

Name: _____
Title: _____
Telephone: _____
Email Address: _____

SCHEDULE OF ADDENDA:

(I) or (We) acknowledge receipt of the Addenda to the RFP Package hereinafter named, for the project(s) included in this RFP and declare that (I) or (We) accept these Addenda and that every change is included in this proposal.

| | |
|-----------------------|------------------|
| Addendum Number _____ | Issue Date _____ |
| Addendum Number _____ | Issue Date _____ |
| Addendum Number _____ | Issue Date _____ |
| Addendum Number _____ | Issue Date _____ |

RESPONDENT'S AUTHORIZED REPRESENTATIVE:

Name: _____
Title: _____
Signature: _____ Date: _____

ENCLOSURE DOCUMENT B
VIRGIN ISLANDS HOUSING FINANCE AUTHORITY
NON-COLLUSIVE AFFIDAVIT

_____, being first duly sworn, deposes and says:

- (1) That he/she is _____ (a partner or officer of the firm of, etc.) the party making the foregoing proposal/bid or proposal/bid cost; and
- (2) That such proposal/bid or proposal/bid cost is genuine and neither collusive nor a sham; and
- (3) That said Respondent (a) has not colluded, conspired, connived or agreed, directly or indirectly, with any Respondent or person to put in a sham proposal/bid or to refrain from bidding and (b) has not in any manner, directly or indirectly, sought by agreement, collusion, communication or conference with any person to fix (i) the proposal/bid cost of the affinity or that of any other Respondent or (ii) any overhead, profit or cost element of said cost proposal/bid or that of any other Respondent, to secure any advantage over the Virgin Islands Housing Finance Authority or any person interested in the proposed contract; and
- (4) That all statement in said proposal/bid or cost proposal/bid are true.

Signature of Respondent (Authorized Representative)

SUBSCRIBED AND SWORN TO before me
this _____ day of _____, 20__.

Notary Public
My commission expires: _____

ENCLOSURE DOCUMENT C
VIRGIN ISLANDS HOUSING FINANCE AUTHORITY
CONFLICT OF INTEREST

By signing this form, the Respondent certifies that, to the best of its knowledge and belief, there are no relevant facts or circumstances that could give rise to an organizational or personal conflict of interest, for the organization or any of its staff, and that the Respondent, subcontractor, employee, or consultant has disclosed all such relevant information if such a conflict of interest appears to exist to a reasonable person with knowledge of the relevant facts (or if such a person would question the impartiality of the Respondent, subcontractor, employee, or consultant).

Conflicts may arise in but not limited to the following situations:

- (a) Unequal access to information. A potential respondent, subcontractor, employee, or consultant has access to non-public information through its performance on a government contract for disaster recovery services in the Virgin Islands.
 - (b) Biased ground rules. A potential respondent, subcontractor, employee, or consultant has worked, in one government contract, or program, on the basic structure or ground rules of another government contract for disaster recovery services in the Virgin Islands.
 - (c) Impaired objectivity. A potential respondent, subcontractor, employee, or consultant, or member of their immediate family (spouse, parent, or child) has financial or other interests that would impair, or give the appearance of impairing, impartial judgment in the evaluation of government programs, in offering advice or recommendations to the government, or in providing technical assistance or other services to recipients of Federal funds as part of its contractual responsibility.
- 1) Proposer must provide the disclosure described above on any actual or potential conflict of interest (or apparent conflict of interest) regardless of their opinion that such a conflict or potential conflict (or apparent conflict of interest) would not impair their objectivity.
 - 2) In a case in which an actual or potential conflict (or apparent conflict of interest) is disclosed, the VIHFA will take appropriate actions to eliminate or address the actual or potential conflict, including but not limited to mitigating or neutralizing the conflict, when appropriate, through such means as ensuring a balance of views, disclosure with the appropriate disclaimers, or by restricting or modifying the work to be performed to avoid or reduce the conflict. In this clause, the term “potential conflict” means reasonably foreseeable conflict of interest.
 - 3) The Respondent, subcontractor, employee, or consultant agrees that if “impaired objectivity”, or an actual or potential conflict of interest (or apparent conflict of interest) is discovered after the award is made, it will make a full disclosure in writing to the contracting officer. This disclosure shall include a description of actions that the Proponent has taken or proposes to take to avoid, mitigate, or neutralize the actual or potential conflict (or apparent conflict of interest).

The Respondent, _____, hereby certifies that, to the best of its knowledge and belief, there are no present or currently planned interests (financial, contractual, organizational, or otherwise) relating to the work to be performed under the contract or task order resulting from Request for Bids No. that would create any actual or potential conflict of interest (or apparent conflicts of interest) (including conflicts of interest for immediate family members: spouses, parents, children) that would impinge on its ability to render impartial, technically sound, and objective assistance or advice or result in it being given an unfair competitive advantage. In this clause, the term “potential conflict” means reasonably foreseeable conflict of interest. The Respondent further certifies that it has and will continue to exercise due diligence in identifying and removing or mitigating, to the VIHFA's satisfaction, such conflict of interest (or apparent conflict of interest).

Name and Title of Authorized Representative

Signature _____ Date _____

ENCLOSURE DOCUMENT D
VIRGIN ISLANDS HOUSING FINANCE AUTHORITY
DEBARMENT CERTIFICATION FORM

Certification Regarding Debarment, Suspension and Ineligibility

- (1) The Respondent certifies, by submission of this solicitation, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal or local programs in the Territory or any Federal department or agency.
- (2) Signing this Certification without disclosing all pertinent information about a debarment or suspension shall result in rejection of the offer or cancellation of a contract. The VIHFA may also exercise any other remedy available by law.
- (3) Where the Respondent is unable to certify to any of the statements in this certification, such Respondent shall attach an explanation to this solicitation.

Name and Title of Authorized Representative:

Printed Name

Signature

Date

SUBSCRIBED AND SWORN TO before me
this _____ day of _____, 20__.

Notary Public

My commission expires: _____

ENCLOSURE DOCUMENT E
VIRGIN ISLANDS HOUSING FINANCE AUTHORITY
RESPONDENT'S QUALIFICATION STATEMENT

Name of License Holder: _____
Name of Company/DBA (if any): _____
Legal Status: (check one) Corporation LLC Sole Proprietorship Partnership
Business Location (office): _____
Mailing Address: _____
Telephone Number: _____ Fax Number: _____ Email: _____
Website address (if any): _____

Is the firm currently licensed to do business in the USVI? Yes No
Type of License(s): _____
Number of Years licensed to conduct business in the USVI _____
Will subcontractors be used to perform any portion of the work? Yes No If yes, please list the name(s) of the proposed subcontractor(s): _____

Have you ever failed to complete a project, been fired or sued by one of your clients, and/or found in default of contract terms? Yes No If yes, please explain on another sheet the circumstances, what means were used to resolve the issue, and the outcome.

Are there or have there been, any Claims, Arbitration, Judgments or Liens against you? Yes No
If yes, explain on another sheet, the circumstances and outcome.

List three non-VIHFA references that can be contacted for their input concerning your abilities:

- 1) Client Name _____ Contact Number _____
 - 2) Client Name _____ Contact Number _____
 - 3) Client Name _____ Contact Number _____
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Respondent shall certify that the above information is true and shall grant permission to the VIHFA to contact the above-named person or otherwise verify the information provided.

Name and Title of Authorized Representative: _____

Signature: _____

