



Vendor Verification Form

The Huron-Clinton Metroparks Board of Commissioners has adopted the following updates to our Purchasing Policy.

Vendors that meet the criteria listed below have the option to complete this form and provide information to qualify for additional bid comparison discounts. This information is not required for bid/quote submission, but we do ask you sign and acknowledge the form at the bottom if you choose not to provide this information.

Local Preference	Living Wage	Diversity, Equity & Inclusion
<ul style="list-style-type: none"> ❖ HCMA has a local vendor preference for vendors that qualify as a “Metroparks-based business”. ❖ Vendors seeking to qualify as a Metroparks-based business must meet the following criteria: <ol style="list-style-type: none"> 1. Operates from a building or office with a permanent street address located within the Metroparks service region encompassing Livingston, Macomb, Oakland, Washtenaw and Wayne counties, on an ongoing basis for at least one year prior to responding to the solicitation; and 2. Has been providing goods and/or services specified in the solicitation within the service region on an ongoing basis for at least one year prior to responding to the solicitation. 3. A Metroparks-based business also must agree not to sublet 50% or more of the dollar value of the contract to subcontractors who do not meet the definition of a Metroparks-based business. 	<ul style="list-style-type: none"> ❖ Vendors seeking to qualify for a 2% bid comparison discount via demonstration of their commitment to paying their labor force a living wage of no less than \$15.00 per hour must return this Verification Form. ❖ HCMA may make any reasonable investigation deemed necessary and proper to determine the validity of the evidence provided. 	<ul style="list-style-type: none"> ❖ Vendors seeking to qualify for a 2% bid comparison discount via demonstration of their commitment to employ and sustain a diverse workforce must return this Verification Form. ❖ A copy of your DEI Plan must also be attached to this Form.

I _____ a legally authorized agent of the business known as _____ hereby certify and affirm the information below.

LOCAL PREFERENCE POLICY

- ❖ The business has been in existence and either physically headquartered or located at: _____, Michigan

Street Address
City
- In the County of _____ for not less than one (1) year immediately prior to the date of this Verification.
- ❖ The business has been in existence and provided or produced the following goods and/or services for not less than one (1) year immediately prior to the date of this Verification: _____
- ❖ I confirm that the business agrees not to sublet 50% or more of the dollar value of the contract to subcontractors who do not meet the definition of a Metroparks-based business.

LIVING WAGE POLICY

- ❖ The business has adopted a Living Wage Payment Plan where no employee is paid less than \$15.00 per hour.
- ❖ HCMA reserves the right to inspect the Vendor’s records to verify that the Vendor pays all its employees a minimum living wage. HCMA and HCMA’s auditors shall, during regular business hours and upon reasonable notice, be afforded access to, and shall be permitted to audit and copy, the Vendor’s records and accounts which are directly pertinent to verifying the wages paid to all the Vendor’s employees.

DIVERSITY, EQUITY & INCLUSION

- ❖ The business has adopted a DEI Plan six (6) months or more prior to the date of this Verification.
- ❖ A copy of our DEI Plan is attached.

I further acknowledge my understanding that any person, firm, corporation or entity intentionally submitting false information to Huron-Clinton Metropolitan Authority (HCMA) in an attempt to qualify for any of the Comparison Discounts may be barred from bidding on Metroparks contracts for a period of not less than three (3) years.

SIGNED: _____ DATE: _____
 PRINTED NAME: _____ TITLE: _____
 EMAIL ADDRESS: _____ PHONE: _____

Vendors must acknowledge that they have received and read this Form even if they choose not to complete the section above. Vendors who compete the section above do not need to complete the acknowledgement section below.

BUSINESS NAME: _____
 SIGNED: _____ DATE: _____
 PRINTED NAME: _____ TITLE: _____
 EMAIL ADDRESS: _____ PHONE: _____

HCMA Staff: Send the completed form and evidence to BIDS@METROPARKS.COM