



<b>Federal ID# or Social Security #</b>	05-0421623
<b>Signature:</b>	Robert Voccia 8/9/16
<b>Title of Person Signing:</b>	Estimator
<b>Firm Name:</b>	COSCO, Inc.
<b>Address:</b>	707 Park East Drive
<b>Phone #:</b>	401-765-0009
<b>Delivery Date:</b>	On Call / as required
<b>Name of Surety Company:</b>	Berkley Insurance Co.
<b>Percentage of minority participation in this contract is _____ %.</b>	



BOARD OF CONTRACT AND SUPPLY  
CITY OF PROVIDENCE, RHODE ISLAND

**BID FORM 2: CERTIFICATION OF BIDDER**

(Non-Discrimination/Hiring)

Upon behalf of COSCO, Inc. (Bidder's Name),

I, Robert Voccia (Name of Person Making Certification),

being its estimator (Title or "Self"), hereby certify that:

1. Bidder does not unlawfully discriminate on the basis of race, color, national origin, gender, sexual orientation and/or religion in its business and hiring practices.
2. All of Bidder's employees have been hired in compliance with all applicable federal, state and local laws, rules and regulations.

I affirm by signing below that I am duly authorized on behalf of Bidder,

on this 9th day of August 2016.

Robert Voccia

Signature of Representative

Robert Voccia

Printed Name

**FORM A: MBE/WBE PARTICIPATION AFFIDAVIT**

The undersigned authorized representative of contractor does hereby make the following Affidavit:

Contractor acknowledges the MBE goal of 10% and the WBE goal of 10% for contract

Title Steel Beam Guardrails & Railing Repairs with the City of Providence.  
On Call Services

My firm will make its best efforts to achieve the MBE and WBE participation goals for this contract. I understand that, if awarded the contract, my company must submit to the Minority and Women's Business Coordinator at the City of Providence MBE/WBE office, copies of all executed agreements with the Subcontracted Firm(s) being utilized to achieve the participation goals and other requirements of the RI General Laws. **I understand that these documents must be submitted prior to the issuance of a notice to proceed.**

I understand that, if awarded the contract, my firm must submit to the MBE/WBE Office canceled checks and any other documentation and reports required by the MBE and WBE Office on a quarterly basis verifying payments to the Subcontracted Firm(s) utilized on the contract.

I understand that if I am awarded this contract and I find that I am unable to utilize the Subcontracted Firm(s) identified in my statements of Intent, I must substitute other certified MBE and WBE firms to meet the participation goals. **I understand that I may not make a substitution until I have obtained the written approval of the MBE/WBE Office.**

I understand that, if awarded this contract, authorized representatives of the City of Providence may examine, from time to time, the books records and files of my firm to the extent that such material is relevant to a determination of whether my firm is complying with the MBE and WBE participation requirements of this contract.

I do solemnly declare and affirm under the penalty of perjury that the contents of the foregoing affidavit are true and correct to the best of my knowledge, information and belief.

COSCO, Inc.  
Contractor Company Name

Robert Voccia  
Signature

707 Park East Drive, Woonsocket, RI 02895  
Address

Robert Voccia, Estimator  
Print Name and Title