

## **GLWA-CS-041**

### **Request for Proposal for Underwriting Services**

**Please See Below for Update Information Pertaining To:**

#### **Bulletin #1**

**Posted March 16, 2016**

This bulletin #1 is hereby made part of the above referenced RFP and shall be taken into consideration by all respondents to this RFP.

#### **FORM REQUIREMENT REVISION**

APPENDIX "A" Business Information Questionnaire is not required for project. The requirement for APPENDIX "A" has been replaced with COVENANT OF EQUAL OPPORTUNITY (EEOC) form below.

ALL PROPOSALS MUST INCLUDE THIS SIGNED COVENANT OF EQUAL OPPORTUNITY (EEOC) FORM.

**COVENANT OF EQUAL OPPORTUNITY**

I, being a duly authorized representative of the \_\_\_\_\_,  
(hereinafter "Contractor"), do hereby enter into a Covenant of Equal Opportunity (hereinafter  
"Covenant") with the Great Lakes Water Authority, ("hereinafter" GLWA); obligating the Contractor and  
all sub-contractors not to discriminate against any employee or applicant for employment, training,  
education, or apprenticeship connected directly or indirectly with the performance of the contract, with  
respect to his or her hire, promotion, job assignment, tenure, terms, conditions or privileges of  
employment because of race, color, religious beliefs, public benefit status, national origin, age, marital  
status, disability, sex, sexual orientation, or gender identity or expression.

I understand that it is my responsibility to ensure that all potential sub-contractors are reported to the  
GLWA Procurement Department and have a current *Contract Specific* Clearance on file prior to working  
on any GLWA contract.

Furthermore, I understand that this covenant is valid for the life of the contract and that a breach of this  
covenant shall be deemed a material breach of the contract and subject to damages.

RFQ/PO/Contract No. \_\_\_\_\_

Printed Name of Contractor: \_\_\_\_\_  
(Type or Print Legibly)

Contractor Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip)

Contractor Phone/E-mail: \_\_\_\_\_/\_\_\_\_\_  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative:  
\_\_\_\_\_

Signature of Authorized Representative:  
\_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\* This document MUST be notarized \*\*\*\*\*

Signature of Notary: \_\_\_\_\_

Printed Name of Seal of Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_