

AFFIDAVIT OF DETROIT LAND BANK AUTHORITY CONTRACTORS

STATE OF MICHIGAN)

) ss.

COUNTY OF WAYNE)

I, _____, state under oath under penalty of perjury:

1. I am employed by _____ (“the Company”), located at [Address of the Company]
_____.

2. I have been employed by the Company for approximately _____ years. My current position at the Company is
_____. I am fully authorized to execute this Affidavit on behalf of the
Company.

3. I am familiar with the legal and contractual obligations of the Company in connection with work performed for
the Detroit Land Bank Authority (“DLBA”).

4. I understand that the Company is required by contract with the DLBA to ensure that all the work it does or engages
others to do for the DLBA complies with all applicable law. In addition to this general contractual requirement, both
the Company and I have familiarized ourselves with all laws and regulations related to workplace safety, specifically
those federal, state and local laws and regulations related to workplace safety during the COVID-19 pandemic. This
includes, but is not limited to:

- a. Michigan Executive Order No. 2020-96, as may be amended,
- b. COVID-19 Safe Workplace Standards for Essential Construction Contracts Purchased by the City of Detroit,
as may be amended,
- c. Guidance on Preparing Workplaces for COVID-19 OSHA 3990-03 2020, as may be amended.

5. I affirm that prior to commencing work for the DLBA, the Company will develop and adopt a written COVID-19
preparedness and response plan consistent with Section 11(a) of Michigan Executive Order No. 2020-70, as may be
amended, and will maintain records documenting compliance with the same.

6. I affirm that the Company and any subcontractors it may engage in completion of the Company’s work for the
DLBA will comply with all DLBA workplace safety directives relating to COVID-19, including but not limited to,
the DLBA Field Staff Protocols and with all applicable law, including the laws and regulations relating to COVID-
19, including but not limited to, those identified in this Affidavit.

7. I understand that the DLBA may conduct audits and inspections of Company records and worksites to confirm
Company compliance with all applicable COVID-19 related laws and regulations.

8. If called as a witness, I am competent to testify to the facts stated above.

Dated: _____, 2020

Signature _____

Printed Name _____

Subscribed before me on the ____ day of _____,

Signature _____

Printed name _____

Notary public, State of Michigan, County of _____

My commission expires _____