

OFFER (TO BE COMPLETED BY OFFEROR) Note: In this solicitation, "Offer" and "Offeror" mean "Proposal" and "Proposer."

The undersigned offers and agrees that, with respect to all terms and conditions by PCSB of the District of Columbia under "AWARD" below, this offer and the provisions of the RFP/RFP will constitute a Formal Contract. All offers are subject to the terms and conditions contained in the solicitation.

OFFEROR: Organization: <u>Community Tech LLC</u> Street: <u>1112 11th Street NW # 2</u> City, State, and Zip: <u>Washington, DC 20002</u> Telephone No.: <u>(202) 750-1761</u> Fax No.: Email address: <u>awilson@communitytechnet.com</u>	Name & Title of Person Authorized to Sign Offer: SIGNATURE: <u>Anthony Niles</u> Date: <u>March 27th 2025</u>
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AWARD (To be completed by the District of Columbia Public Charter School Board)

Award Amount:	\$
ACCEPTED AS TO THE FOLLOWING TERMS:	

For District of Columbia Public Charter School Board:

DATE: _____ Scott Pearson, Contracting Officer

SECTION J:

**REPRESENTATIONS, CERTIFICATIONS AND OTHER
STATEMENTS OF OFFERORS**

J.1 TYPE OF BUSINESS ORGANIZATION

- J.1.1** The offeror, by checking the applicable box, represents that
(a) It operates as: ☒ a corporation incorporated under the laws
of the State of: Washington, ☒ an individual,
☐ a partnership,
☐ a nonprofit organization, or
☐ a joint venture.
(b) If the offeror is a foreign entity, it operates as:
☐ an individual,
☐ a joint venture, or
☐ a corporation registered for business in (Country)

**J.2 CERTIFICATION AS TO COMPLIANCE WITH EQUAL
OPPORTUNITY OBLIGATIONS** Mayor's Order 85-85, "Compliance
with Equal Opportunity Obligations in Contracts", dated June 10,
1985 and the Office of Human Rights regulations, Chapter 11,
"Equal Employment Opportunity Requirements in Contracts,"
promulgated August 15, 1986 (4 DCMR Chapter 11, 33 DCR 4952)
are included as a part of this solicitation and require the following
certification for contracts subject to the order. Failure to
complete the certification may result in rejection of the offeror for
a contract subject to the order.

I hereby certify that I am fully aware of the content of the Mayor's
Order 85-85 and the Office of Human Rights' regulations, Chapter
11, and agree to comply with them in performance of this
contract.

Offeror: Community Tech LLC Date: 03/27/25
Name: Anthony K. Wilson Title: Executive Director
Signature: Anthony K. Wilson

Offeror ☒ has ☒ has not participated in a previous contract or
subcontract subject to the Mayor's Order 85-85. Offeror ☐ has
☐ has not filed all required compliance reports, and

representations indicating submission of required reports signed by proposed subofferors. (The above representations need not be submitted in connection with contracts or subcontracts which are exempt from the Mayor's Order.)

J.3 DISTRICT EMPLOYEES NOT TO BENEFIT CERTIFICATION

Each offeror shall check one of the following:

☒ No person listed in Clause 13 of the SCP, "District Employees Not To Benefit" will benefit from this contract.

☐ The following person(s) listed in Clause 13 may benefit from this contract.

For each person listed, attach the affidavit required by Clause 13 of the SCP. _____

J.4 CERTIFICATION OF INDEPENDENT PRICE DETERMINATION

(a) Each signature of the offeror is considered to be a certification by the signatory that:

- 1) The prices in this contract have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any offeror or competitor relating to:
(i) those prices (ii) the intention to submit a contract, or (iii) the method or factors used to calculate the prices in the contract.
- 2) The prices in this contract have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before contract opening unless otherwise required by law; and
- 3) No attempt has been made or will be made by the offeror to induce any other concern to submit or not to submit a contract for the purpose of restricting competition.

(b) Each signature on the offer is considered to be a certification by the signatory that the signatory:

- 1) Is the person in the offeror's organization responsible for determining the prices being offered in this contract, and that the signatory has not participated

- and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or
- 2) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above:

Kevin Pryor: CEO / Anthony Wilson: ED

(insert full name of person(s) in the organization responsible for determining the prices offered in this Contract and the title of his or her position in the offeror's organization);

- (i) As an authorized agent, does certify that the principals named in subdivision (b)(2) have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and
- (ii) As an agent, has not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above.

(c) If the offeror deletes or modifies subparagraph (a)(2) above, the offeror must furnish with its offer a signed statement setting forth in detail the circumstances of the disclosure.

J.5

TAX CERTIFICATION

Each offeror must submit with its offer, a sworn Tax Certification Affidavit, incorporated herein as Attachment I.1.6

*** End of Section J ***

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Office of the Chief Financial Officer

Office of Tax and Revenue



TAX CERTIFICATION AFFIDAVIT

THIS AFFIDAVIT IS TO BE COMPLETED ONLY BY THOSE WHO ARE REGISTERED TO CONDUCT BUSINESS IN THE DISTRICT OF COLUMBIA.

Date 03/28/2025

Authorized Agent
Name of Organization/Entity
Business Address (include zip code)
Business Phone Number

Community Tech LLC
1112 11th Street NW Suite 2
Washington, DC 20001
(202) 750-77761

Authorized Agent
Principal Officer Name and Title
Square and Lot Information
Federal Identification Number
Contract Number
Unemployment Insurance Account No.

Kevin Pryor, Owner
EIN#47-2448373
VIA#31-5067

I hereby authorize the District of Columbia, Office of the Chief Financial Officer, Office of Tax and Revenue to release my tax information to an authorized representative of the District of Columbia agency with which I am seeking to enter into a contractual relationship. I understand that the information released will be limited to whether or not I am in compliance with the District of Columbia tax laws and regulations solely for the purpose of determining my eligibility to enter into a contractual relationship with a District of Columbia agency. I further authorize that this consent be valid for one year from the date of this authorization.

I hereby certify that I am in compliance with the applicable tax filing and payment requirements of the District of Columbia. The Office of Tax and Revenue is hereby authorized to verify the above information with the appropriate government authorities.

Signature of Authorizing Agent

Title

CEO

The penalty for making false statement is a fine not to exceed \$5,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code §47-4106.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See Specific Instructions on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Kevin Pryor	
2 Business name/disregarded entity name, if different from above. Community Tech LLC	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions. 1112 11th Street NW Suite 2	Requester's name and address (optional)
6 City, state, and ZIP code Washington, DC 20001	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.


Social security number								
			-				-	
or								
Employer identification number								
4	7	-	2	4	4	8	3	7

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 2/24/25
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Community Tech LLC

Trade Name (Doing Business As):

Description: Community Technology's primary is vocational training to at risk communities. Specifically, we provide technology based vocational training to youth offenders, TANF recipients, older workers and dislocated workers.

Specialities: IT Certification trainings.

Principal Owner: Kevin Pryor

Contact Name: Kevin Pryor

Address: 1112 11TH STREET NW, Washington, DC 20001

Phone: 2023552695

Fax:

Email: kevinpryor@communitytechnet.com

Website: www.communitytechnet.com

Date Established: December 14, 2014

Organization Type: LLC

Ward: 2

Certification Information

Certification Number: LSDZRE81116052026

Expiration Date: May 31, 2026

Categories

Local Business Enterprise (LBE)

Disadvantaged Business Enterprise (DBE)

Small Business Enterprise (SBE)

Development Enterprise Zone (DZE)

Resident Owned Business (ROB)

Equity Impact Enterprise (EIE)

Preference Points: 12

% of Price Reduction: 12%

BASIC BUSINESS LICENSE

Billing Name and Address:
COMMUNITY TECH LLC.
MONIQUE MURDOCK

Premise/Application's Name and Address:
COMMUNITY TECH LLC.

Registered Agent's Name and Address:
RAMSEY DAMINABO

1112 11TH STREET N.W.
SUITE #B
WASHINGTON, DC 20001

1112 11TH ST NW, STE B
WASHINGTON, DC 20001

1112 11TH STREET N.W. SUITE #C02
WASHINGTON DC20001

Owner's Name
Corp. Name **COMMUNITY TECH LLC.**
Trade Name

CofO/HOP#:CO1800935	SSL: 0315 0822	Zone: D-1-R	Ward: 2	ANC:2F	PERM NO.
		UNITS: 1			

General Sales/Services Business

General Business

General Business Licenses

-- THE LAW REQUIRES THIS LICENSE TO BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES --

J. Crowe

Tiffany Crowe
Director

*License Effective from the later of Issued or Start of License-Period Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Solutions Associates, Inc. 1818 New York Avenue, NE Suite 224 Washington, DC 20002	CONTACT NAME:		
	PHONE (A/C No. Ext):	FAX (A/C No.):	
INSURED COMMUNITY TECHNOLOGY, LLC 1112 11th STREET, NW WASHINGTON DC 20001	E-MAIL ADDRESS: Tasha.Poulson@TheInsurSolutions.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: THE HARTFORD INSURANCE COMPANY		
	INSURER B:		
	INSURER C:		
	INSURER D:		
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	X	42SBAUH3677	02/10/2025	02/10/2026	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ABUSE & SEX. MOLESTATION						MED EXP (Any one person)	\$ 10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY	\$ 1,000,000	
A	AUTOMOBILE LIABILITY	X	X	42UECNL7840	06/01/2024	06/01/2025	GENERAL AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> ANY AUTO						<input type="checkbox"/> SCHEDULED AUTOS	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS	Abuse&Sexual Mol.	\$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
A	UMBRELLA LIAB	X	X	42SBAUH3677	02/10/2025	02/10/2026	BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> EXCESS LIAB						<input type="checkbox"/> CLAIMS-MADE	BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$5,000.							PROPERTY DAMAGE (Per accident)	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	42WECAA3RK5	05/24/2024	05/24/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.I. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.I. DISEASE - POLICY LIMIT	\$ 1,000,000	
A	CYBER LIABILITY	X	X	42TE0336179	04/03/2024	04/03/2025	OCC:\$1,000,000. AGG:\$2,000,000 15,000.		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

UPO
301 RHODE ISLAND AVENUE, NW
WASHINGTON, DC 20001

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

<TSP>