

CERTIFICATION ON BEHALF OF OFFEROR

Project/Solicitation Name: _____

Solicitation/RFP Number: _____

Date: _____

I, _____ (Print Name), hereby certify that I am the

_____ (Title) of

(Company/Organization Name), and that I am duly authorized to execute this certification on behalf of the Offeror.

I hereby certify and represent the following:

1. AUTHORITY TO SUBMIT OFFER

I am authorized to submit this offer and to bind the Offeror to the terms and conditions contained in the solicitation and any resulting contract.

2. ACCURACY OF INFORMATION

All information provided in this offer, including all representations, certifications, and supporting documentation, is current, accurate, and complete to the best of my knowledge and belief.

3. COMPLIANCE WITH LAWS AND REGULATIONS

The Offeror is in compliance with all applicable federal, state, and local laws, regulations, and ordinances.

4. NO CONFLICT OF INTEREST

The Offeror has no conflict of interest that would preclude it from performing the work described in the solicitation, and has disclosed any potential conflicts of interest to the contracting agency.

5. DEBARMENT AND SUSPENSION

The Offeror is not currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by any federal, state, or local governmental department or agency.

6. FINANCIAL CAPABILITY

The Offeror has the financial capacity and resources necessary to perform the work as specified in the solicitation.

7. UNDERSTANDING OF REQUIREMENTS

The Offeror has carefully reviewed the solicitation documents and understands the scope of work, specifications, and all requirements.

8. ACCEPTANCE OF TERMS AND CONDITIONS

The Offeror accepts all terms and conditions set forth in the solicitation documents and agrees to be bound by them.

9. VALIDITY OF OFFER

This offer shall remain valid and binding for a period of _____ days from the date of submission.

10. ACKNOWLEDGMENT OF ADDENDA

The Offeror acknowledges receipt and incorporation of the following addenda (if applicable):

- ☐ Addendum No. _____ dated _____
- ☐ Addendum No. _____ dated _____
- ☐ Addendum No. _____ dated _____

ADDITIONAL CERTIFICATIONS

(Check all that apply):

- ☐ Small Business Enterprise (SBE)
- ☐ Minority Business Enterprise (MBE)
- ☐ Women Business Enterprise (WBE)
- ☐ Disadvantaged Business Enterprise (DBE)
- ☐ Veteran-Owned Business
- ☐ Other: _____

ACKNOWLEDGMENT AND SIGNATURE

I declare under penalty of perjury that the foregoing is true and correct, and that I am authorized to make these certifications on behalf of the Offeror.

Signature of Authorized Representative

Printed Name

Title

Company/Organization Name

Address

City, State, ZIP Code

Phone Number

Email Address

Date

NOTARY PUBLIC (If Required)

State of _____
County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____,
20_____,
by _____ (name of person), who proved to me
on the basis of
satisfactory evidence to be the person who appeared before me.

Signature of Notary Public

My Commission Expires: _____

[NOTARY SEAL]