**RESPONDENT NAME:**

1. **Acceptance of solicitation requirements**

I hereby certify that I understand and agree that my organization has read all requirements and Agency specifications provided in this solicitation, accepts said requirements, and that this response is made in accordance with the provisions of such requirements and specifications. By my written signature below, I guarantee and certify that all items included in this response shall meet or exceed any and all such requirements and Agency specifications. I further agree, if awarded a Contract resulting from this solicitation, to deliver services that meet or exceed the requirements and specifications provided in this solicitation.

**AND**

1. **ACCEPTANCE OF CONTRACT TERMS AND CONDITIONS**

I hereby certify that should my organization be awarded a Contract resulting from this solicitation, it will comply with all terms and conditions as specified in this solicitation and in the Agency Standard Contract (**Attachment I, including its Attachments**).

**AND**

1. **RELEASE OF REDACTED RESPONSE**

I hereby authorize release of the redacted version of the response required by **Attachment ##**, Instructions and Special Conditions, **Section A.**, Overview, **Sub-Section C.**, Response Submission Requirements, **Item 1.**, Hardcopy and Electronic Submission Requirements, **Sub-Item c**., Electronic Copy of the Response, **Sub-Item 5)**, Electronic Redacted Copies of this solicitation in the event the Agency receives a public records request.

**AND**

1. **STATEMENT OF NO-INVOLVEMENT**

I hereby certify that neither my organization nor any person with an interest in the organization had any prior involvement in performing a feasibility study of the implementation of the subject Contract, in drafting of this solicitation or in developing the subject program.

**AND**

1. PROHIBITION OF GRATUITIES

I hereby certify that no elected official or employee of the State of Florida has or shall benefit financially or materially from such my organization’s response or subsequent Contract in violation of the provisions of Chapter 112, Florida Statutes. I understand that any Contract issued as a result of this solicitation may be terminated if it is determined that gratuities of any kind were either offered or received by any of the aforementioned parties.

**AND**

1. **NON-COLLUSION CERTIFICATION**

I hereby certify that all persons, companies, or parties interested in the response as principals are named therein, that the response is made without collusion with any other person, persons, organization, or parties submitting a response; that it is in all respects made in good faith; and as the signer of the response, I have full authority to legally bind the prospective respondent to the provisions of this solicitation.

**AND**

1. PERFORMANCE OF SERVICES

I hereby certify my organization shall ensure all services, provided directly or indirectly under the Contract resulting from this solicitation, will be performed within the borders of the United States and its territories and protectorates.

**AND**

1. **ORGANIZATIONAL CONFLICT OF INTEREST CERTIFICATION**

The standards on organizational conflicts of interest in Title 48, Code of Federal Regulations, Subpart 9.5 – Organizational and Consultant Conflicts of Interest and Section 287.057(17), Florida Statutes, apply to this solicitation. A respondent with an actual or potential organizational conflict of interest shall disclose the conflict. If the respondent believes the conflict of interest can be mitigated, neutralized or avoided, the respondent shall submit a Conflict of Interest Mitigation Plan with its response that shall, at a minimum:

1. Identify any relationship, financial interest or other activity which may create an actual or potential organizational conflict of interest.
2. Describe the actions the respondent intends to take to mitigate, neutralize, or avoid the identified organizational conflicts of interest.
3. Identify the official within the respondent’s organization responsible for making conflict of interest determinations.

The Conflict of Interest Mitigation Plan will be evaluated as acceptable or not acceptable. The Agency reserves the right to request additional information from the respondent or other sources, as deemed necessary, to determine whether or not the plan adequately neutralizes, mitigates, or avoids the identified conflicts.

Pursuant to the aforementioned requirements, I hereby certify that, to the best of my knowledge, my organization (including its subcontractors, subsidiaries and partners):

Please check the applicable paragraph below. Do not check more than one of the paragraphs below.

Has no existing relationship, financial interest or other activity which creates any actual or potential organizational conflicts of interest relating to the award of a Contract resulting from this solicitation.

Has included information in its response to this solicitation detailing the existence of actual or potential organizational conflicts of interest and has provided a “Conflict of Interest Mitigation Plan”, as outlined above.

**AND**

1. RESPONDENT ATTESTATION FOR COST PROPOSAL

I hereby certify that no modification and/or alteration has been made to the template, narrative and/or instructions contained in **Exhibit ##**,Cost Proposal, **Exhibit ##,** Detailed Budget and **Exhibit ##,** Estimated Rates..

**AND**

1. RESPONDENT ATTESTATION REGARDING SCRUTINIZED COMPANIES LIST

I hereby certify that my company is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to Section 215.473, Florida Statutes. Pursuant to Section 287.135(5), Florida Statutes, the respondent agrees the Agency may immediately terminate the resulting Contract for cause if the respondent is found to have submitted a false certification or if the respondent is placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List during the term of the resulting Contract.

**AND**

1. names of operation

I hereby certify the following is a list of all names under which my organization has operated during the past five (5) years (since December 19, 2013).

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**AND**

1. Certification Regarding Terminated Contracts

I hereby certify that my organization (including its subsidiaries and affiliates) has not unilaterally or willfully terminated any previous contract prior to the end of the contract with a State or the Federal government and has not had a contract terminated by a State or the Federal government for cause, prior to the end of the contract, within the past five (5) years (since December 19, 2013), other than those listed below.

**AND**

1. LIST OF TERMINATED CONTRACTS

List the terminated contracts in chronological order and provide a brief description (half-page or less) of the reason(s) for the termination. Additional pages may be submitted; however, no more than five (5) additional pages should be submitted in total.

The Agency is not responsible for confirming the accuracy of the information provided.

The Agency reserves the right within its sole discretion, to determine the respondent to be a non-responsible vendor based on any or all of the listed contracts and therefore may reject the respondent’s reply.

|  |  |
| --- | --- |
| **Respondent Name:** | |
| **Client’s Name:** | |
| **Term of Terminated Contract:** | |
| **Description of Services:** | |
| **Brief Summary of Reason(s) for Contract Termination:** | |
| **REMAINDER OF PAGE INENTIONALLY LEFT BLANK** | |
| **Respondent Name:** |
| **Client’s Name:** |
| **Term of Terminated Contract:** |
| **Description of Services:** |
| **Brief Summary of Reason(s) for Contract Termination:** |

**Signature below indicates the respondent’s full acknowledgement of; understanding of; and agreement with all of the certifications and statements identified above in Items 1 through 13 as written and without caveat.**

**Respondent Name**

**Authorized Official Signature Date**

**Authorized Official Printed Name**

**Authorized Official Title**

**Failure to submit, Attachment III, Required Statements and Certifications, signed by an authorized official may result in the rejection of response.**

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