**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 AHCA PO Terms and Conditions**

I hereby certify that in responding to this solicitation, should my organization be awarded a contract resulting from this solicitation, it agrees to accept and comply with all terms and conditions as specified in this solicitation and in the AHCA PO Terms and Conditions (**Exhibit A-6**).

**AND**

1. **RELEASE OF redacted response**

I hereby authorize release of the redacted version of the response required by **Attachment A,** Instructions and Special Conditions, **Section A.1,** Instructions, **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,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 response or subsequent contract in violation of the provisions of Chapter 112, Florida Statutes (F.S.). 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 respondent to the provisions of this solicitation.

**AND**

1. **PERFORMANCE OF SERVICES**

I hereby certify my organization shall make a documented good faith effort to ensure all services, provided directly or indirectly under the Contract resulting from this solicitation, will be performed within the State of Florida.

**AND**

1. **PERFORMANCE OF SERVICES**

I hereby certify my organization shall ensure all services, provided 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 Chapter 48, Code of Federal Regulations (CFR) and Section 287.057(17), F.S. 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 include with its response a Conflict of Interest Mitigation Plan. The plan 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 and will be used to determine respondent responsibility, as defined in Section 287.012(25), F.S. 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:

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 REGARDING SCRUTINIZED COMPANIES LIST**

Pursuant to Section 287.135, F.S. I certify that:

1. If the resulting Contract reaches or exceeds **$1,000,000.00**, my organization has not been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and does not have business operations in Cuba or Syria; and
2. For the resulting Contract in any amount, it has not been placed on the Scrutinized Companies that Boycott Israel List and is not engaged in a boycott of Israel.

The respondent agrees that the Agency may immediately terminate the resulting Contract if the respondent is found to have submitted a false certification or is placed on the lists defined in Sections 215.473 or 215.4725, F.S., or engages in a boycott of Israel, during the term of the resulting Contract.

**AND**

1. **JOINT VENTURE OR PARTNERSHIPS**

This response if made as a joint venture or partnership. The members of the joint venture or partnership are listed below.

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**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 from the date of solicitation issuance, as specified in **Attachment A,** Instructions and Special Conditions, **Section A.1.,** Instructions, **Sub-Section A.,** Overview, **Item 4.,** Date of Issuance.

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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 from the date of solicitation issuance, as specified in **Attachment A,** Instructions and Special Conditions, **Section A.1.,** Instructions, **Sub-Section A.,** Overview, **Item 4.,** Date of Issuance, other than those listed on **Page 5** of this Exhibit.

**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 an irresponsible bidder based on any or all of the listed Contracts and therefore may reject the response.

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| **Respondent Name:** |
| **Client’s Name:** |
| **Term of Terminated Contract:** |
| **Description of Services:** |
| **Brief Summary of Reason(s) for Contract Termination:** |

|  |
| --- |
| **Respondent Name:** |
| **Client’s Name:** |
| **Term of Terminated Contract:** |
| **Description of Services:** |
| **Brief Summary of Reason(s) for Contract Termination:** |

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**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 14 as written and without caveat.**

**Respondent Name**

**Authorized Official Signature**  **Date**

**Authorized Official Printed Name**

**Authorized Official Title**

**Failure to submit, Exhibit A-3, Required Certifications and Statements, signed by an authorized official may result in the rejection of response.**

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