Office of Legislative Management Room 5100 Rev. 1/17

CERTIFICATION FORM

IN WITNESS WHEREOF, the undersigned, accepting the conditions set forth herein, hereby agrees in strict accordance therewith, to furnish these services and/or commodities to the General Assembly as listed in the Request for Proposal in accordance with the following guidelines:

Independent Price Determinations and Offer of Gratuities:

- (a) The costs proposed have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to such process with any other organization or with any competitor;
- (b) Unless otherwise required by law, the costs quoted have not been knowingly disclosed by the Contractor on a prior basis directly or indirectly to any other organization or to any competitor;
- (c) No attempt has been made or will be made by the Contractor to induce any other person or firm to submit or not to submit a Proposal for the purpose of restricting competition;
- (d) The Contractor has no knowledge of the specific Proposal contents prior to actual receipt of the Proposal;
- (e) The Contractor certifies that no elected or appointed official or employee of the State of Connecticut has or will benefit financially or materially from this procurement. Any contract arising from this procurement may be terminated by the State if it is determined that gratuities in excess of those allowed under Chapter 10 of the Connecticut General Statutes (Code of Ethics for Public Officials) were either offered to or received by any of the aforementioned officials or employees from the Contractor's agent or the Contractor's employee(s).

The Contractor agrees to furnish these services and/or commodities to the Connecticut General Assembly as described in the Request for Proposal at the prices indicated on the Pricing Page submitted with the Proposal.

| SIGNED AND DATED this day of | | |
|-------------------------------------|---------|--------|
| Company: | | |
| Address: | | |
| Signature: | | _Date: |
| Name (Printed): | | |
| Title: | | |
| Telephone No: | Fax No: | |
| Federal Employer Identification No: | | |
| | | |