### APPENDIX A

**CERTIFICATIONS FORM**

Is SPF willing and capable of providing all of the Work described in the Facilities Services Contract?

Yes No

Has SPF ever been debarred or otherwise prohibited from performing work for any governmental entity (federal, state, or local)?

Yes No

Has SPF defaulted on a facility operation, maintenance, or modification contract within the 5 year period prior to the Proposal Due Date and Time?

Yes No

Has SPF declared bankruptcy or been placed in receivership within the 5 year period prior to the Proposal Due Date and Time?

Yes No

Has SPF ever had a contract terminated for cause by any governmental entity (federal, state, or local)?

Yes No

Has SPF ever been found or determined to be not responsible by any governmental entity (federal, state, or local)?

Yes No

Signature:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) am the \_\_\_\_\_\_\_\_ (official title) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SPF Name), and assert that I have the requisite authority to bind \_\_\_\_\_\_\_\_\_\_\_\_\_ (SPF Name) in the making of this Proposal. I am over the age of 18, have personal knowledge of the facts set forth above, and certify that the facts provided in this Certification Form and the materials are true and correct in all their representations of this submission.

Dated this day of , 2019 at (City), \_\_\_\_\_\_\_\_\_\_ (State);

|  |  |  |  |
| --- | --- | --- | --- |
| By: |  |  |  |
|  | (Signature) |  | (Print Name) |