



Rushern L. Baker, III
County Executive

**PRINCE GEORGE'S COUNTY
OFFICE OF CENTRAL SERVICES
SUPPLIER DEVELOPMENT & DIVERSITY DIVISION (SDDD)**



AFFIDAVIT OF CERTIFICATION

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I, _____(FULL NAME PRINTED), swear or affirm under penalty of law that I am, _____(TITLE) of applicant firm _____(FIRM NAME) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the names firm's bonding companies, banking institutions, credit agencies, contractors, clients and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the Supplier Development and Diversity Division (SDDD), *Attn: Business Analyst*; regarding any material change in the information contained in the original application **within 30 calendar days of such change (e.g. ownership, address, phone number, etc.)**.

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.



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In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s):

(Please check all that apply):

<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic American
<input type="checkbox"/> Black American	<input type="checkbox"/> Service Disabled Veterans
<input type="checkbox"/> Asian- Pacific American (Asian Americans and Pacific Islander Americans)	
<input type="checkbox"/> Subcontinent Asian American (Origins in Far East, Southeast Asia or Indian subcontinent)	
<input type="checkbox"/> Native American	
<input type="checkbox"/> Eskimos	
<input type="checkbox"/> Aleut	
<input type="checkbox"/> Other (please specify) _____	

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on _____
(Date)

Print Name _____
(Legal Representative of Company)

Signature _____
(Legal Representative of Company)

***Do not sign this Affidavit of Certification with an electronic or digital signature. The Affidavit of Certification requires an original signature that has been properly notarized. It should be submitted with a complete application including all required supporting documentation.**

NOTARY CERTIFICATE

City/County of _____

In the State of _____

The foregoing instrument was subscribed and sworn before me

This _____ day of _____, 20____.

By _____(Legal Representative of Company)

who is properly Authorized by _____(Name of Firm) to execute this affidavit.

Notary Signature Notary Registration # _____

My Commission expires: _____