6.0 Supplemental Documentation

Attachment 1 – RFP Signature Affidavit

City of Arcata HEAP Application

REQUEST FOR PROPOSALS – NO. DHHS2019-01
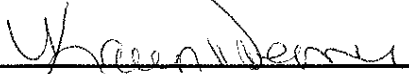HOMELESS EMERGENCY AID PROGRAM

ATTACHMENT A – SIGNATURE AFFIDAVIT
(Submit With Proposal)

REQUEST FOR PROPOSALS – NO. DHHS2019-01 SIGNATURE AFFIDAVIT	
NAME OF ORGANIZATION/AGENCY:	City of Arcata
STREET ADDRESS:	736 F Street
CITY, STATE, ZIP	Arcata, CA 95521
CONTACT PERSON:	Jennifer Dart
PHONE #:	707-825-2112
FAX #:	
EMAIL:	jdart@cityofarcata.org

Government Code Sections 6250, *et seq.*, the "Public Records Act," define a public record as any writing containing information relating to the conduct of public business. The Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

In signing this Proposal, I certify that this firm has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or agency to submit or not to submit a Proposal; that this Proposal has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that this Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.

The undersigned is an authorized representative of the above-named agency and hereby agrees to all the terms, conditions and specifications required by the County in Request for Proposals No. DHHS 2019-01 and declares that the attached Proposal and pricing are in conformity therewith.

_____   3.12.19
Signature   **Date**

Karen T. Diemer   3-12-19
Name City Manager, City of Arcata   **Date**

This agency hereby acknowledges receipt / review of the following Addendum(s), if any)
Addendum # [＿＿＿] Addendum # [＿＿＿] Addendum # [＿＿＿] Addendum # [＿＿＿]