AFFIDAVIT REGARDING PROHIBITED COMMUNIC CONFLICTS OF INTEREST	CATIONS, CONTINGENCY	FEES AND	
PROJECT NAME:			
CMGC CONTRACT #:			
PROPOSER LEGAL ENTITY NAME:			
The Proposer, identified above, does hereby attest, comember firms (if any), agents, subcontractors, or emp		nat the Proposer, and its	
<ol> <li>Have not communicated, with any member of official of the Department, concerning the revi Proposer may communicate with those Department RFP as appropriate points of contact and in a that allow Proposers to communicate with ent</li> </ol>	ew or evaluation of any Propressive employees who are secordance with procedures of	posal, except that a pecifically listed in the established in the RFP	
<ol><li>Have not offered or paid, and will not offer or to specific actions or work designed to help th process; and</li></ol>			
<ol> <li>Have not received any compensation for assist preparing this RFP.</li> </ol>	sting the Tennessee Departr	nent of Transportation in	
PROPOSER SIGNATURE			
NOTICE: This affidavit MUST be signed by an individual empowered to contractually bind the Proposer. If said individual is not the chief executive or president, this document shall attach evidence showing the individual's authority to contractually bind the Proposer.			
PRINTED NAME AND TITLE OF SIGNATORY			
STATE OF TENNESSEE			
COUNTY OF			
Personally appeared before me, [name of authorized whom I am personally acquainted, and who acknowle are true to the best of his knowledge, information and	edged that the statements co	<del>-</del>	
Witness my hand, at office, this	day of	, year	
	NOTARY PUBLIC		

My Commission Expires:

Acknowledgement and At	testation Form (Partnerships Form)	Page 1 of
Project Name:		
Date:	CMGC Contract #:	
By responding to this RFP, the Respondent(s) Management/General Contractor Sample Con their terms and conditions and find them expre	tract, and its Exhibits contained herein, an	d are familiar with
We certify and declare that the foregoing is tru	ue and correct.	
Subscribed onDate	at	
Date	·	,
Occumbi	State of	N-4-
County		State
1)Partner Signature	2) Partner Signa	atura
Partner Signature	Partner Signa	alure
Typed Name:	Typed Name:	
Notary:		
Notary Signa	ature	Date
Commission Expires:		
·		
Note: Add additional signature if there are mor	re than two partners.	

Acknowledgement and A	attestation Form (Joint Venture Form	Page 1 of
Project Name:		
Date:		
By responding to this RFP, the Respondent Management/General Contractor Sample C their terms and conditions and find them exp	ontract, and its Exhibits contained here	ein, and are familiar with
We certify and declare that the foregoing is	true and correct.	
Subscribed on	at	
Date		City
	State of	
County		State
1)	Di li Oi	
Venture Partner	Binding Signature	Date
Title:		
Type of Business:		
Witness	Date	
Typed Name:		
2)	<u> </u>	
Venture Partner	Binding Signature	Date
Typed Name:		
Title:		
Type of Business:		
Witness	Date	
Typed Name:		
1. Add additional venture partners as neces	sary.	

- 2. Witnesses of venture partners shall be corporate secretary for corporations, partners for partnerships, and notaries for sole proprietorships.
- 3. Please attach joint venture agreement.
- 4. Type of business shall identify the venture partner as a corporation, venture, partnership, sole proprietorship, or other legal entity.

Acknowledgement and Attestation Form (Corporate Form)	
Project Name:	
Date:	CMGC Contract #:
By responding to this RFP, the Respondent(s) certify Management/General Contractor Sample Contract, at their terms and conditions and find them expressly we	nd its Exhibits contained herein, and are familiar with
We certify and declare that the foregoing is true and o	correct.
Subscribed on	at
Date	City
	State of
County	State
Corporate Officer Signature	Date
Secretary	 Date
Typed Name:	Typed Name:
Note: Use full corporate name and attach corporate s  Seal	eal here.

Acknowledgement and	Attestation Form (Sole Proprietorship Form)	Page 1 of 1
Project Name:		
Date:	CMCC Contract #:	
Management/General Contractor Samp	ndent(s) certify that he/she has reviewed the Cor ple Contract, and its Exhibits contained herein, a m expressly workable without change or modific	nstruction and are familiar with
We certify and declare that the foregoin	ng is true and correct.	
Subscribed on	at	
Da	ate Cit	
	State of	0.1
County		State
Respondent	Date	
Typed Name:	Typed Name:	
Notary:	Signature	
Notary	Signature	Date
Commission Expires:		

## **Certificate of Final Indirect Costs**

**Instructions:** Where contract terms and payment are negotiated based on individual elements of costs, the CMGC Contractor must provide an indirect cost rate established in accordance with the federal cost principles (as specified in 2 CFR part 200, subpart E), and it shall include a certification by an official of the CMGC Contractor that all costs are allowable in accordance with the federal cost principles.

An official of the CMGC Contractor shall be an individual executive or financial officer of the CMGC Contractor's organization, at a level no lower than a Vice President or Chief Financial Officer, or equivalent, who has the authority to make representations about the financial information utilized to establish the indirect cost rate proposal submitted.

The certification of final indirect costs shall read as follows and be submitted with the Proposal as detailed in the RFP:

## **Certificate of Final Indirect Costs**

Project	Name:	
	Contract #:	
	to certify that I have reviewed this Proposal to establish final indirect cost rates and to the best	of
my knov	wledge and belief:	
1.	All costs included in this Proposal (dated) to establish final indirect cost rate	:S
	for (identify period covered by rate:) are allowable in accordan	се
	with the cost principles of the Federal Acquisition Regulation (FAR) under title 48, Code of	
	Federal Regulations (CFR), part 31; and	
2.	This proposal does not include any costs which are expressly unallowable under applicable	
	cost principles of the FAR under 48 CFR part 31.	
Firm:		
Signatu	re:	
Name o	of Certifying Official:	
Title:		
Date of	Execution:	