**NON-COLLUSION AFFIDAVIT**

RFP Title:

State of  :

County of : s.s.

I state that I am of , and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and, officers.  I am the person responsible in my firm for the price(s) and the amount of this RFP.

I state that:

The price(s) and amount of this RFP have been arrived at independently and without consultation, communication or agreement with any other contractor, vendor or potential vendor.

Neither the price(s) nor the amount of this proposal, and neither the approximate price(s) nor approximate amount of this proposal, have been disclosed to any other firm or person who is a vendor or potential vendor, and they will not be disclosed before the RFP opening.

No attempt has been made or will be made to induce any firm or person to refrain from responding to this contract, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.

The proposal of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal.

, its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last four years been convicted or found liable for any act prohibited by state or federal law in any jurisdiction, involving conspiracy or collusion with respect to submitting a proposal on any public contract, except as follows:

I state that understands and acknowledges that the above representations are material and important, and will be relied on by the City of Detroit in awarding the contract(s)/ purchase order(s) for which this proposal is submitted.  I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from the City of Detroit’s Office of Contracting and Procurement of the true facts relating to the submission of this RFP.

Printed Name & Title of Authorized Representative:

Signature of Authorized Representative:

Date:

\*\*This Document MUST be Notarized\*\*

Signature of Notary:

Printed Name of Seal of Notary:

My Commission Expires: / /

**CONFLICT OF INTEREST AND DISCLOSURE**

1. Bidder’s potential Conflict of Interest:

1A. Information about Bidder:

Company Name:

Address:

1B. *Conflicting Interests and Relationships.* List any interest or relationship that you have that presents a potential Conflict of Interest.

1C. Please provide any information that would help to clarify any listed above.

2. Evaluator’s family potential Conflict of Interest:

2A. List the individual(s) that may present a potential Conflict of Interest (spouse, domestic partner, parent, sibling, child, equivalent in-laws, and/or any dependents, “Family Members”):

Name: Name: Name:

Council Member Council Member Council Member

Employee Employee Employee

Consultant Consultant Consultant

Provider of Goods/services Provider of Goods/services Provider of Goods/services

Other Describe: Other Describe: Other Describe:

2C. Please add any information that would help to clarify any of the above.