New Recovery Residence

Certification and Assurances

*Print this completed document, sign, scan, and return with application to* *SupportiveHousing@commerce.wa.gov*

Organization Name:

Project Name:

Project Address (*if known*):

Project City:

Statewide Vendor Number[[1]](#footnote-1):

Name of Organization Representative:

Representative Title:

Email:

Telephone:

**Certifications and Assurances**

CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of 60 days following receipt, and it may be accepted by COMMERCE without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 60-day period.
4. In preparing this application, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that COMMERCE will not reimburse me/us for any costs incurred in the preparation of this proposal. All applications become the property of COMMERCE, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the applicant and will not be knowingly disclosed by him/her prior to opening, directly or indirectly, to any other Proposer or to any competitor.
7. I/we agree that submission of the attached application constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the applicant to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant COMMERCE the right to contact references and others who may have pertinent information regarding the ability of the applicant and the lead staff person to perform the services contemplated by this RFP.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.

*Continued on next page*

On behalf of the applicant submitting this proposal, my signature below attests to the accuracy of the above statement as well as my authority to bind the submitting organization.

**I certify that the information presented in this application is true and correct to the best of my best knowledge and I authorize the submission to Commerce for consideration of funding.**

**Person authorized to sign a Recovery Residence Operating Contract with Commerce**

Signature:

Name:

Title:

Email:

Phone:

**Person authorized to submit online invoices for reimbursement**

Name:

Title:

Email:

Phone:

1. A Statewide Vendor Number (SWV) is required to enter in to contract with the Dept. of Commerce. If your organization does not have an SWV, you can apply for one by downloading the Vendor/Payee Registration Form from the Office of Financial Management at https://ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services [↑](#footnote-ref-1)