SUBCONTRACTOR AFFIDAVIT ON POTENTIAL DISQUALIFYING CONDITIONS

The undersigned duly authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Subcontractor – please include legal Corporation name”), being duly sworn, hereby deposes and says:

1. I am over the age of 18, I have personal knowledge of the facts set forth herein, and I am competent to testify as a witness with regard thereto.
2. As duly authorized representative of Subcontractor, I hereby attest and assure that the following disqualifying conditions do not exist with regard to Subcontractor:

a. The person or entity is barred, suspended, or otherwise prohibited from doing

business with any government entity, or has been barred, suspended, or otherwise

prohibited from doing business with any government entity within the last five (5)

years;

b. The person or entity is under investigation or indictment for criminal conduct, or

has been convicted of any crime which would adversely reflect on his or her

ability to provide services to vulnerable populations, including, but not limited to,

abused or neglected children, or which adversely reflects his or her ability to

properly handle public funds;

c. The person or entity is currently involved, or has been involved within the last

five (5) years, with any litigation, regardless of whether as a plaintiff or defendant,

which might pose a conflict of interest to the Department, the state or its

subdivisions, or a federal entity providing funds to the Department;

d. The person or entity has had a contract terminated by the Department for a failure

to satisfactorily perform or for cause; or

e. The person or entity has failed to implement a corrective action plan approved by

the Department or any other governmental entity, after having received due

notice.

1. On behalf of Subcontractor, I further acknowledge that if any of the above-referenced potential disqualifying conditions should arise at any time, Subcontractor will immediately notify Lakeview Center, Inc. in writing of same.

I declare on behalf of Subcontractor that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

DATED this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY ACKNOWLEDGMENT

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC

 My Commission Expires:

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 [SEAL]