

RESPONDENT VERIFICATION FORM

Legal Name of Corporation, Partnership or Individual (as reported to the IRS): _____

D/B/A (Doing Business As): _____

Street Address (No PO Boxes): _____

Federal Identification #: _____ SunBiz #: _____

State of Incorporation: _____

1. **ADDENDA ACKNOWLEDGMENT:** Prior to submitting my offer, I have verified that all addenda issued to date are considered as part of my offer: Addenda received (list all): _____
2. My company is a Small Business Enterprise (SBE) or Service Disabled Veteran Enterprise (SDVE) certified with the [City of Gainesville Department of Equity and Inclusion](#).
☐ YES ☐ NO
3. I further acknowledge that:
☐ Response is in full compliance with the specifications;
☐ Response is in full compliance with the specifications **except** as specifically stated and explained in detail on sheets attached hereto and labeled "Clarifications and Exceptions".

I hereby propose to provide the goods/services requested in this Solicitation. I agree to hold pricing for at least 120 calendar days from the Solicitation due date. I agree that CITY's terms and conditions herein take precedence over any conflicting terms and conditions submitted for CITY's consideration, and agree to abide by all conditions of this Solicitation.

I certify that all information contained in this Response is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to execute and submit this Response on behalf of the organization as its agent and that the organization is ready, willing and able to perform if awarded.

I further certify that this Response is made without prior understanding, agreement, connection, discussion, or collusion with any other person, company or corporation submitting an offer for the same product or service; no officer, employee or agent of CITY owns or will benefit more than 5% from award of this Solicitation; and the undersigned executed this Respondent's Verification with full knowledge and understanding of the matters therein contained.

AUTHORIZED SIGNATURE

DATE

RESPONDENT'S CONTACT
(for additional information)

PRINT NAME

TITLE

NAME

TELEPHONE NUMBER

FAX NUMBER

TITLE

E-MAIL ADDRESS

PHONE

If Respondent is not an individual, include authorization for the above individual to sign on behalf of the organization