

ATTACHMENT A

Conflict of Interest Statement

Provide a statement disclosing any past, ongoing, or potential conflict of interest that your firm, proposed staff, or any subcontractors may have as a result of performing these services. If no conflict of interest exists, state: "None." If a real or perceived conflict exists, describe the nature of the conflict, and the plan to mitigate or manage the conflict.

Acknowledgement of Insurance Requirements

I, _____ (Printed Name), the _____ (Title) of _____ (Company Name), certify that I have read and understand the insurance requirements set forth in the Proposed Agreement for this RFP. I certify that _____ (Company Name) is able to provide the required insurance coverage.

Exceptions to RFP / Agreement (If Any)

Proposers shall commit to accept the terms and conditions in the RFP and the City's Professional Services Agreement. If requesting any exceptions, list them below and clearly state the reason and proposed alternative language. If no exceptions, state: "None."

Signature of Authorized Representative: _____ Date: _____