

**Attachment A**

**AFFIDAVIT FORM  
THE UNIVERSITY OF WEST FLORIDA**

**Professional Qualifications Solicitation # 15PQS-07AW**  
**Laboratory Sciences Annex – Architectural Services**

**PQS DUE DATE: Tuesday, December 8, 2015 at 3:00p.m., Central Time**

I understand that the Professional Qualifications Solicitation (PQS) response is due no later than the due date and time as stated above, and that it is my responsibility for the Response and all required documents to be received by University of West Florida (UWF) Procurement & Contracts prior to this date and time. I certify that this proposal is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a proposal for the same materials, supplies or equipment and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this solicitation and certify that I am authorized to sign this proposal for the Respondent and that the Respondent is in compliance with all requirements of the PQS, including but not limited to certification requirements. In submitting a proposal to UWF, the Respondent offers and agrees that if the proposal is accepted, the Respondent will convey, sell, assign or transfer to UWF all rights, title and interest in and to all causes of action it may now or hereafter acquire under the Anti-Trust Laws of the U.S. and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by UWF. At UWF's discretion, such assignment shall be made and become effective at the time UWF tenders final payment to the Respondent. Furthermore, by responding to this solicitation, Respondent agrees that the specifications, qualifications, evaluation criteria, terms and conditions are not restrictive and attests that he/she has no objection to any of the specifications, qualifications, evaluation criteria, terms or conditions.

**Manual Authorized Signature:** \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Federal Employer ID #: (9 digits) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Toll Free: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is your firm a Florida Certified Minority Business? YES \_\_\_\_\_ NO \_\_\_\_\_

<p><b>_____ NO RESPONSE – If not responding to this solicitation, please advise reason and return via fax 850-474-2090. Reason for NO RESPONSE:</b></p>     
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