RFP ATTACHMENT 2
For Best Value Procurement Option One Fletcher Hall Improvements UT Chattanooga SBC No. 540/005-02-2009

CERTIFICATION STATEMENT

Proposer Legal Entity Name: _		
Proposer Federal Taxpayer Identif	fication Number:	
Proposer Tennessee Contractor L	icense Information:	
License Number:	License Classit	ication applicable to project:
License expiration date:	License Limit: \$	<u> </u>
In regard to the project identified in expressly declare confirmation, co		the Proposer does hereby affirm and urance of the following:
1. This proposal constitutes (a) a coprovide all services as defined in the Agreement Between Owner and Cor	RFP	subcontractor, or consultant to the Proposer in connection with the Procurement under this RFP.
The information detailed in the proposal submitted herewith in response to the subject		The Proposer shall provide proof of insurance in accordance with the requirements of the RFP.
RFP is accurate. 3. The proposal submitted herewith to the subject RFP shall remain valid	in response	6. The Proposer's status, as required by the State Building Commission Policy and Procedures, is:
45 days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract pursuant to the RFP.		(True or False) The Bidder and/or any of the Bidder's employees, agents, independent contractors and/or proposed
4. As applicable to this proposed Ag Proposer shall comply with:	greement, the	Subcontractors have been convicted of, pled guilty to, or pled nolo contendere to any contract crime involving a public contract.
 a) the laws of the State of Tenness b) Title VI of the federal Civil Rights c) Title IX of the federal Education Act of 1972; d) the Equal Employment Opportur the regulations issued there und federal government; 	s Act of 1964; Amendments nity Act and	(Yes or No) The Bidder is a "Certified Diversity or Disadvantaged Business Enterprise," Women Owned, Minority Owned, or Small Business, per TCA. § 12-3-801-808. If "Yes", then indicate the applicable status and name the Certifying Agency below.
e) the Americans with Disabilities A	Act of 1990	Status:
and the regulations issued there federal government;	under by the	Certifying Agency:
 f) the condition that the submitted proposition independently arrived at, without collumnater penalty of perjury; and, g) the condition that no amount shall be directly or indirectly to an employee or 		7. The Proposer acknowledges receipt of Addendum:
	all he naid	Addendum number and date:
		Addendum number and date:
of the State of Tennessee as wa compensation, or gifts in exchan as an officer, agent, employee,		Addendum number and date:
SIGNATURE AND DATE:		
Printed Name and Title:		

END OF CERTIFICATION STATEMENT