THE CITY OF NEW HAVEN

BUREAU OF PURCHASES 200 Orange Street

New Haven, Connecticut 06510 (203) 946-8201 - FAX (203) 946-8206



DISCLOSURE & CERTIFICATION AFFIDAVIT

| CONTRACTOR/VENDOR NAME | |
|---|--|
| CONTRACTOR/VENDOR ADDRESS | |
| TELEPHONE /FAX | |
| CONTACT/E-MAIL ADDRESS | |
| AGREEMENT FOR: | |
| SOLICITATION TITLE & NUMBER, IF APPLICABLE | |

For the purposes of this Disclosure and Certification Affidavit, the following definitions apply:

(a) "Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.

(b) "Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.

(c) "City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven.

(d) "Affiliate Entity" means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor.

| State of | County of | Ss. |
|----------|-----------|-----|
| | | |

(type or print your name above)

being first duly sworn, hereby deposes and says that:

| 1. | I am over the age of 18 and understand the obligations of making statements under oath; I understand that the City of New Haven is relying on my representations herein. | |
|----|---|----|
| 2. | 2. I am the corporate secretary or majority owner (including sole proprietorship) of OR I am an individual and my name is | |
| | (Insert Company Name above OR, if an individual, type your name above |) |
| 3. | I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances related thereto. | ; |
| 4. | (Pleaded thereto.) (Pleaded theret | |
| 5. | Other than as may be described in section 4 above, the Contractor (including any owner, partner, officer, other authorized signatory or Affiliate Entity) does not have any outstanding monetary obligations to the City of New Haven. | |
| 6. | Please select the applicable representation about the Contractor's business registration: Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship and its Connecticut Secretary of th State Registration number is Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship but is registered to do business in the | пе |

State of Connecticut. The Contractor's Connecticut Secretary of the State Registration number is ______. Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship and is not registered to do business in the State of Connecticut. The Contractor is registered in the State of _______ and the State business registration number is _______. Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Agreement do not constitute doing business in the State of Connecticut and no registration with the Connecticut Secretary of the State is required. Contractor does otherwise have the following State of Connecticut registrations, certificates or approvals relevant to the Agreement (if not applicable, state not applicable): _______

7. The following list is a list of the names of <u>all</u> persons affiliated with the business of the Contractor who are also affiliated with the City of New Haven. For purposes of this Affidavit, "affiliated with the business of the Contractor" includes any current or former employee (including officers) of the Contractor or any owner, board member or agent of the Contractor, or of any subsidiary or parent company of the Contractor, and "affiliated with the City of New Haven" means any employee, agent, public official, board member, commissioner or any other person serving in an official capacity for or on behalf of the City of New Haven. If none state none. Use additional sheet if necessary (<u>must be on company letterhead and notarized</u>):

| Name | City Affiliation Role & Time Frame | Contractor Affiliation Role & Time Frame | DOB |
|------|------------------------------------|---|-----|
| 1 | | | |
| 2 | | | |

8. The following list is a list of all contracts in which either the Contractor, any person affiliated with the business of the Contractor or an Affiliate Entity of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

| | Name of Contractor or Affiliate | Affiliation (if applicable) | Contract Number | DOB |
|---|---------------------------------|-----------------------------|-----------------|-----|
| 1 | | | | |
| 2 | | | | |

The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (<u>must be on company letterhead and notarized</u>):

| | Organization Name | Address | Type of Ownership |
|---|-------------------|---------|-------------------|
| 1 | | | |
| 2 | | | |

10. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

| Name | | Name | | Title | % of Ownership | DOB |
|------|--|------|--|-------|----------------|-----|
| 1 | | | | | | |
| 2 | | | | | | |

11. If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

| TRADE NAME | PLACE OF INCORPORATION/REGISTRY | PRINCIPAL PLACE OF BUSINESS |
|------------|---------------------------------|-----------------------------|
| 1 | | |
| 2 | | |

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement with the City on behalf of the Contractor will be duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete on the date hereof and that I, or another authorized individual of the Contractor, will <u>promptly</u> inform the City, in writing, if any of the information provided herein changes or is otherwise no longer accurate at any point during the execution of the above referenced Agreement. I understand that any incorrect information, omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the immediate termination of any and all agreements the Contractor has with the City of New Haven and disqualification of the Contractor to further contract with the City.

| (Signed) | |
|----------|--------|
| | Title: |

Subscribed and sworn to before me this _____ day of _____, ____.

(Title) Mv commission expires

THIS FORM MUST BE NOTARIZED

(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)