

# Responder Information/Declarations Form- Grant RFP

## Responder Information

Responder Name: \_\_\_\_\_

Website: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

## Contract Information

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

## Name(s) of individuals involved with the preparation of this proposal

(to assist in determining potential conflict of interest):

\_\_\_\_\_

The above-named responder submits the attached proposal in response to the following Minnesota Board on Aging Request for Proposals (state which RFP you are responding to):

\_\_\_\_\_

## By submission of this proposal, responder warrants that:

1. The information provided is true, correct and reliable for purposes of evaluation for potential contract award. Responder understands that the submission of inaccurate or misleading information may be grounds for disqualification from selection as well as subject the responder to suspension or debarment proceedings as well as other remedies available by law.
2. It is competent to provide all the services set forth in its proposal.
3. Each person signing a section of this proposal is authorized to make decisions as to the prices quoted and/or duties proposed and is legally authorized to bind the company to those decisions.
4. If it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals, responder will provide, along with this form, a list containing the names of the entities, the relationship and a discussion of the conflict.
5. To the best of its knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances that could give rise to organizational conflicts of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons, a grantee is unable or potentially unable to render impartial assistance or advice to the state, or the grantee's objectivity in performing the contract work is or might be otherwise impaired, or the grantee has an unfair competitive advantage. Responder agrees that, if after

award, an organizational conflict of interest is discovered, an immediate and full disclosure in writing will be made to the director of the Department of Administration's Office of Grants Management ("OGM"), which will include a description of the action the responder has taken or proposes to take to avoid or mitigate such conflicts. If an organization conflict of interest is determined to exist, the state may, at its discretion, cancel the grant contract. In the event the responder was aware of an organizational conflict of interest prior to the award of the grant contract and did not disclose the conflict to OGM, the state may terminate the contract for default. The provisions of this clause must be included in all subcontracts for work to be performed similar to the service provided by the prime contractor, and the terms "contract," "contractor" and "contracting officer" modified appropriately to preserve the state's rights.

6. No attempt has been made or will be made by responder to induce any other person or firm to submit or not to submit a proposal.
7. Any proposed subcontractors will be identified in the RFP and the percentage of work under the contract to be performed by the prime contractor and each subcontractor will be indicated.
8. If there is a reasonable expectation that the responder is or would be associated with any parent, affiliate, or subsidiary organization in order to supply any service, supplies or equipment to comply with the performance requirements under the resulting contract of the RFP, responder must include with this form written authorization from the parent, affiliate, or subsidiary organization granting the right to examine directly, pertinent books, documents, papers, and records involving such transactions that are related to the resulting contract. This right will be given to the Minnesota Board on Aging, U.S. Department of Health and Human Services, and comptroller general of the United States.
9. If, at any time after a proposal is submitted and a contract has been awarded, such an association arises as described in the paragraph above, responder will obtain a similar certification and authorization from the parent, affiliate, or subsidiary organization within ten (10) working days after forming the relationship.

By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of, and legally bind, the responder.

Authorized Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**This information is available in accessible formats for individuals with disabilities by calling 651-431-3612 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.**