

AFFIDAVIT OF BIDDER

The undersigned, owner or authorized officer of _____ (the bidder), pursuant to the familial disclosure requirement, hereby represent and warrant, except as provided below, that no familial relationships exist between the bidder or any employee of the bidder, and any member of the Board of Education of Lawton Community Schools or the Superintendent of the District.

List and describe and familial relationships:

BIDDER:

(Company Name)

By: _____
(Signature)

Title: _____

STATE OF _____ }
COUNTY OF _____ } SS.

This instrument was acknowledged before me, a Notary Public in and for

_____ County, on the _____ day of _____ 20__

(Notary Public Signature) SS:

My commission expires: _____ Acting in the County of:

IRAN ECONOMIC SANCTIONS ACT AFFIDAVIT OF COMPLIANCE
Michigan Public Act No. 517 of 2012

All Bids shall be accompanied by a sworn statement disclosing any Iran Linked Business relationship that exists within the owners, including its officers, directors and employees.

The undersigned, owner or authorized officer of _____(the bidder), pursuant to Michigan Public Act No. 517 of 2012, the "Iran Linked Business" hereby represents and warrants that the bidder, including its officers, directors and employees, is not an "Iran Linked Business" within the meaning of the applicable Public Act, and that in the event bidder is awarded a contract as a result of this RFP, the bidder will not become an "Iran Linked Business" at any time during the course of performing under the contract. The bidder further acknowledges that any person who is found to have submitted a false certification is responsible for a civil penalty of not more than \$250,000.00 or 2 times the amount of the contract or proposed contract for which the false certification was made, whichever is greater, the cost of the District investigation, and reasonable attorney fees, in addition to the fine. Moreover, any person who submitted a false certification shall be ineligible to bid on future Requests for Proposals (RFPs) for three (3) years from the date that it is determined that the person has submitted the false certification.

Bidder: _____
(Company Name)

By: _____
(Signature)

(Title)

STATE OF _____)
) SS.
COUNTY OF _____)

This instrument was acknowledged before me, a Notary Public, in and for _____ County, on this ____ day of _____ 20__ ,

SS:
(Notary Pnblic Signature)

My Commission expires: _____ Acting in the County of:
