

NON-COLLUSIVE AFFIDAVIT
Micro Purchase
Outreach, Planning & Grant Management Materials
Community Development Block Grant – Disaster Recovery
Foundation for Puerto Rico

The Offeror certifies that in relation to Micro Purchase Outreach, Planning & Grant Management Materials :

1. The prices in the offer have been arrived at independently without directly or indirectly mediating any type of consultation, communication or agreement with any other competitor relating to i) prices, ii) intention to submit an offer, or iii) the methods or factors used to calculate the proceed offered;
2. Prices in the offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before bid opening or purchase order/contract award unless otherwise required by law;
3. No attempt has been made or will be made by the offeror to induce any other competitor to/not to submit an offer for the purpose of restricting competition.

The signatory below (select one):

- Is the person in the offeror's organization responsible for determining the prices being offered, and has not participated and will not participate in any action contrary to paragraphs (1) through (3) above.
- Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to paragraphs (1) through (3) above.

Name ¹	Position ²	Name	Position

As authorized agent, the Signatory does certify that the principals named above have not participated, and will not participate, in any action contrary to paragraphs (1) through (3) above.

¹ Insert full name of person(s) in the offeror's organization responsible for determining the prices offered in the quote, bid or proposal.

² Insert the title of the person(s) in the offeror's organization responsible for determining the prices offered in the quote, bid or proposal.

As an agent, the Signatory has not personally participated, and will not participate, in any action contrary to paragraphs (1) through (3) above.

(Name of Offeror)

By:

(Signature)

(Printed Name of Signatory)

(Title)

Affidavit No: _____

Subscribed and sworn to before me in the city of _____, _____, this _____ day of _____, 20____, by _____ of legal age, _____ (civil status), _____ (occupation) and resident of _____, _____, in his/her capacity as _____ of Offeror. Who I personally know or have identified by his/her _____.

Public Notary