

## PROPOSAL SUBMISSION FORM

### Purpose and Instructions

This form must be completed and submitted with all proposals. It serves as the official offer to perform the services described in this Request for Proposals (RFP), and confirms the proposer's agreement to the terms, conditions, and requirements contained herein.

Failure to submit this form with an authorized signature may result in rejection of the proposal as non-responsive.

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### REQUEST FOR PROPOSALS

**RFP No.:** [INSERT NUMBER]

**RFP Title:** [INSERT TITLE]

Submitted To:

**Atlanta Community Food Bank**

Procurement Department

[INSERT ADDRESS or EMAIL ADDRESS]

Submitted By:

**Legal Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact Name and Title:** \_\_\_\_\_

**Federal Tax ID (EIN):** \_\_\_\_\_

**DUNS / UEI Number (if applicable):** \_\_\_\_\_

**Authorized Representative (Name):** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Proposal Validity:

By signing above, the proposer certifies that this proposal, including all attachments and forms, is valid for a period of **90 calendar days** from the proposal due date.

### Certifications:

By signing, the proposer further certifies that:

- It has read and understands the RFP documents and all related attachments and addenda.
- It acknowledges and agrees to the terms and conditions set forth in this RFP.

- It is authorized to bind the organization to the commitments in this proposal.
- It has not engaged in collusion or other unlawful conduct in connection with this procurement.

## NON-COLLUSION AFFIDAVIT

### Purpose and Instructions

This affidavit must be completed, signed, and notarized by an authorized representative of the proposer. It affirms that the proposal is genuine and submitted without collusion or fraud. Submitting a proposal without this signed affidavit may result in disqualification.

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**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

Before me, the undersigned authority, personally appeared the below-named individual, who being duly sworn, deposes and states that:

1. I am the duly authorized representative of **[INSERT BUSINESS NAME]** submitting the attached proposal for consideration by the Atlanta Community Food Bank (ACFB).
2. I certify that this proposal is made without prior understanding, agreement, or connection with any other proposer submitting a proposal for the same goods or services.
3. I certify that this proposal is in all respects fair and made without collusion or fraud.
4. I have not offered, nor received, directly or indirectly, any kickbacks or inducements from any other firm, supplier, manufacturer, or individual in connection with this proposal.
5. I understand that collusive bidding is a violation of federal law (including 31 U.S.C. § 3729 and 41 U.S.C. § 2101–2107) and Georgia state procurement statutes.
6. I understand that any violation of this affidavit may result in rejection of our proposal, disqualification from future opportunities, and potential legal action.

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**Authorized Representative (print name):** \_\_\_\_\_

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

**Company Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, **20** \_\_\_\_\_

**NOTARY PUBLIC SIGNATURE:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

**[Seal]**

## GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT – SUBCONTRACTOR AFFIDAVIT

### Purpose and Instructions

If the proposer will utilize one or more subcontractors in the performance of this contract, each subcontractor must submit this notarized affidavit prior to contract execution. This is required under O.C.G.A. § 13-10-91. The prime contractor is responsible for collecting and submitting these affidavits.

This form must be completed by each subcontractor **identified in the proposal or added during the life of the contract.**

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### STATE OF GEORGIA

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared the below-named individual who, being duly sworn, deposes and states under oath that:

1. I am the authorized officer of the firm named below and am authorized to execute this affidavit.
2. The firm has registered with and utilizes the federal work authorization program known as E-Verify, operated by the United States Department of Homeland Security and the Social Security Administration.
3. The firm will use E-Verify to verify the employment eligibility of all employees who will perform work on behalf of the Atlanta Community Food Bank in connection with this contract.

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**Subcontractor Name (Legal Entity):** \_\_\_\_\_

**E-Verify User Number (Company ID):** \_\_\_\_\_

**Date of Authorization:** \_\_\_\_\_

**Authorized Officer (Print Name):** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**NOTARY PUBLIC SIGNATURE:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

**[Seal]**

## **Georgia E-Verify Contractor Affidavit**

[TO BE COMPLETED, NOTARIZED, AND SUBMITTED WITH THE OFFEROR'S PROPOSAL PACKAGE]

REQUIRED BY THE GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT (O.C.G.A. § 13-10-91)

Before a contract can be awarded, the Offeror must provide evidence of enrollment and active participation in the federal E-Verify program by completing this affidavit.

### **Contractor Affidavit and Agreement**

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. § 13-10-91 and states affirmatively that the individual, firm, or corporation which is contracting with Atlanta Community Food Bank (ACFB) has registered with, is authorized to use, and uses the federal work authorization program commonly known as E-Verify. The Contractor further agrees to continue to use the federal work authorization program throughout the contract period.

The undersigned also attests that the user identification number and date of authorization provided below are true and correct.

### **E-Verify Information**

Federal Work Authorization User ID Number (E-Verify Number): \_\_\_\_\_

Date of Authorization to Use E-Verify: \_\_\_\_\_

Offeror's Name (Legal Entity): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

### **Certification & Notarization**

I hereby declare under penalty of perjury that the information provided herein is true, complete, and accurate.

Executed on (date): \_\_\_\_\_, 20\_\_\_\_

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

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

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

Notary Public

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20.

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

[NOTARY SEAL]

## CONFLICT OF INTEREST DISCLOSURE FORM

### Purpose and Instructions

This form must be completed and submitted by all proposers to disclose any actual, potential, or perceived conflicts of interest with the Atlanta Community Food Bank (ACFB), its staff, board members, funders, or affiliated entities. A conflict of interest does not automatically disqualify a proposer but must be disclosed in full for review. Failure to disclose a conflict may result in disqualification or termination of a contract.

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**Proposer Name (Legal Entity):** \_\_\_\_\_

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

**Authorized Representative:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

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### A. Organizational Relationships

1. Are you or any principal, officer, or employee of your organization currently employed by or affiliated with ACFB in any capacity?

Yes       No

If yes, explain: \_\_\_\_\_

2. Are you or any principal, officer, or employee related to any current ACFB employee, board member, or contractor?

Yes       No

If yes, explain: \_\_\_\_\_

3. Have you or your firm made any contributions or gifts to any ACFB employee or board member in the past 12 months?

Yes       No

If yes, explain: \_\_\_\_\_

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### B. Financial Interests

4. Do you or any principal or officer of your firm have a financial interest in any other vendor or contractor currently doing business with ACFB?

Yes       No

If yes, identify and describe: \_\_\_\_\_

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### **C. Certifications**

By signing below, I certify that:

- I have disclosed all known or potential conflicts of interest.
- I understand that ACFB will determine whether a conflict requires mitigation or disqualifies us from award.
- I agree to notify ACFB immediately if a conflict arises at any time during the term of a contract.

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**Authorized Representative Signature:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

## **CERTIFICATION REGARDING LOBBYING**

### **Purpose and Instructions**

This form must be completed and submitted with all proposals. It serves as the official offer to perform the services described in this Request for Proposals (RFP), and confirms the proposer's agreement to the terms, conditions, and requirements contained herein.

Failure to submit this form with an authorized signature may result in rejection of the proposal as non-responsive.

Pursuant to 31 U.S.C. § 1352, and as required by 2 CFR § 200.450:

- No federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency in connection with the awarding of any federal contract.
- If any non-federal funds have been used for lobbying activities related to this contract, a Standard Form-LLL will be submitted as required.

Authorized Representative Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

[TO BE COMPLETED AND SUBMITTED WITH THE OFFEROR'S PROPOSAL PACKAGE]

This certification is required under 2 CFR § 200.214. The Offeror certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal assistance programs or activities.

### **Offeror Information**

Offeror Name:

Address:

City / State / Zip:

Phone:

Email Address:

DUNS or UEI Number (if applicable):

### **Certification Statement**

By signing and submitting this certification, the undersigned represents and warrants as follows:

The Offeror and its principals are not currently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from conducting business with or receiving federal funds from the federal government or any state/local government agency.

The Offeror shall immediately notify ACFB if it becomes suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded during the term of any agreement arising from this procurement.

The Offeror further agrees that it will include this certification, without modification, in all lower-tier transactions and in all solicitations for lower-tier transactions related to any contract resulting from this RFP.

I certify that I am authorized to legally bind the Offeror named above and that the information provided in this certification is accurate and complete.

Authorized Signature:

Printed Name:

Title:

Date:

## **ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS**

### **Purpose and Instructions**

This form confirms that the proposer has reviewed and understands the insurance requirements of the RFP and agrees to provide the specified coverage upon contract award. This form must be signed and submitted with the proposal. Failure to submit may result in rejection of the proposal as non-responsive.

Final insurance certificates must be submitted prior to contract execution and maintained throughout the contract term.

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**PROJECT TITLE:** \_\_\_\_\_

**RFP NUMBER:** \_\_\_\_\_

By signing below, the undersigned affirms the following:

1. I have reviewed the insurance requirements outlined in Section 8 of the RFP and acknowledge that compliance with these requirements is a condition of award.
2. I understand that proof of insurance (e.g., Certificate of Insurance) will be required prior to execution of a final contract.
3. I affirm that the company listed below either currently carries or will secure the following insurance coverage (as applicable), including naming the Atlanta Community Food Bank as an additional insured where required:
  - Commercial General Liability
  - Workers' Compensation
  - Professional Liability (if applicable)
  - Cyber Liability (if applicable)
  - Auto Liability (if applicable)
4. I understand that failure to maintain required insurance may result in termination of any contract awarded under this solicitation.

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**Proposer (Legal Entity Name):** \_\_\_\_\_

**Authorized Representative (Print Name):** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_