Exhibit A: **CERTIFICATION STATEMENT**

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications o/the Request/or Proposals (RFP), including attachments.

OFFICIAL CONTACT. The Parish requests that the Proposer designate one person to receive all documents and the method in which the documents are best delivered. Identify the Contact name and fill in the information below: (Print Clearly)

Date:_____ Official Contact Name:_____

A. E-mail Address: _____

B. Facsimile Number with area code: (_____) _____-_____

C. US Mail Address: _____
_____

Proposer certifies that the above information is true and grants permission to the Parish or Agencies to contact the above named person or otherwise verify the information provided.
By its submission of this proposal and authorized signature below, Proposer certifies that:

1. The information contained in its response to this RFQ is accurate;

2. Proposer complies with each of the mandatory requirements listed in the RFQ and will meet or exceed the functional and technical requirements specified therein;

3. Proposer accepts the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this RFQ.

4. Proposer's quote is valid for at least *90* days from the date of proposal's signature below;

5. Proposer understands that if selected as the successful Proposer, he/she will have business days from the date of delivery of final contract in which to complete contract negotiations, if any, and execute the final contract document. (Agency inserts number of days to correspond to same number referenced on page 5)

Authorized Signature: _____
Typed or Printed Name: _____
Title: _____
Company Name: _____
Address: _____
City: _____ State:_____ Zip: _____

_____
SIGNATURE of Proposer's Authorized Representative DATE

Exact alignment to be determined after selection is made.