



Outside Agency Allocation Grant Request

Attachment A

VERIFICATION

STATE OF WEST VIRGINIA,
COUNTY OF _____, TO - WIT:

_____, _____, of _____,
Name Title Entity

who on behalf of applicant, signed the foregoing, Outside Agency Allocation Grant Request, being first duly sworn says that the facts and statements therein contained are true except so far as the facts and statements are therein stated to be on information, and that, so far as the facts and statements are therein stated to be upon information, the facts and statements are believed to be true.

AFFIANT

Taken subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires:



Affidavit of Ownership

Before me, the undersigned authority, personally appeared and after being duly sworn, deposes and says:

I, _____ hereby attest to ownership of the business entity
(Owner or Legal Representative - Print Name)

below:

Legal Name of Business Entity: _____

Legal Type Sole Proprietorship Partnership Limited Liability Company Corporation
 Nonprofit Corporation Other _____

If the entity is a corporation, partnership, or LLC, list each individual owner and percent of ownership.

Owner (Print Name)	% Owned	Owner (Print Name)	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If the business applying is owned by a corporation or another legal entity, please specify its name as well:

I have read the foregoing Affidavit, and to the best of my knowledge it is true and correct. *(All owners must sign below)*

Print Name _____	Signature _____	Date _____
Print Name _____	Signature _____	Date _____
Print Name _____	Signature _____	Date _____
Print Name _____	Signature _____	Date _____
Print Name _____	Signature _____	Date _____
Print Name _____	Signature _____	Date _____

Notary Public

State of _____, in the country of _____ on _____ day, of the _____ month, in the year of _____, before me appeared (name) _____ and stated that he/she is the (title) _____ of (name of organization) _____ and that the information provided on this form is true and correct. My commission expires on (date): _____ Notary Public: _____



Attachment C
Outside Agency Allocation Grant Request

**Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

A. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, or proposed for debarment, declared ineligible, or voluntarily excluded from

covered transactions by any Federal department or agency;

2. Have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against

them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing

a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State

antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records,

making false statements, or receiving stolen property;

3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or

local) with commission of any of the offenses enumerated in paragraph (A.2.) of this certification; and

4. Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal,

State or local) terminated for cause or default.

B. Where the prospective primary participant is unable to certify to any of the statements in this certification, such

prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME /PROJECT NAME:

NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S):

Prefix: First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Title: _____

SIGNATURE(S): _____

DATE: _____



**Attachment D
Outside Agency Allocation Grant Request**

NON-DISCRIMINATION IN WORKPLACE CONFORMANCE AFFIDAVIT

STATE OF _____
COUNTY OF _____, To Wit:

I, _____, after being duly sworn, depose and state as follows:

I am an employee, principal or duly authorized agent of _____;
(Company/Organizaiotn Name)
and, I do hereby attest that _____ does not
(Company Name)

discriminate against any employee or applicant for employment because of race, color, creed, sex, or national origin, or any other form of discrimination in hiring, placement, upgrading, transfer or demotion, recruitment, advertising, or solicitation for employment, training, rates of pay or other forms of compensation, selection for apprenticeship layoff or termination.

The above statements are sworn to under penalty of false swearing.

By: _____
Name

Title: _____

Date: _____

Taken, subscribed and sworn to before me this _____ day of _____, 20____, by

_____, _____ of
Name Title

Company Name

Notary Public

My commission expires:



Attachment E
Outside Agency Allocation Grant Request

**DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT
WEST VIRGINIA CODE §21-1D-5**

STATE OF _____
COUNTY OF _____, To Wit:

I, _____, after being duly sworn, depose and state as follows:

I am an employee, principal or duly authorized agent of _____;
(Company/ Name)
and, I do hereby attest that _____ maintains
(Company Name)
a valid written drug free workplace policy and that such policy is in compliance with the provisions of West Virginia Code §21-1D-5.

The above statements are sworn to under penalty of false swearing.

By: _____
Name

Title: _____

Date: _____

Taken, subscribed and sworn to before me this _____ day of _____, 20____, by

Name Title of

Company Name

Notary Public
My commission expires:



**Attachment F
Outside Agency Allocation Grant
Request**

CERTIFICATION AND SIGNATURE PAGE

By signing below, I _____ on behalf of _____, hereinafter Company, certify that I have reviewed the City of Fairmont's solicitation for the Outside Agency Allocation Grant Request in its entirety; that the requirements, terms and conditions, and other information contained therein are clearly understood; that the Company is submitting the application to the City of Fairmont and if awarded understands the time period stated in the solicitation; and that I am authorized by the Company to execute this certification and any documents relating thereto on the Company's behalf.

Company

Representative Name & Title (Print)

Representative Signature

Date

Contact Phone

Contact Fax

Email Address



Attachment F
Outside Agency Allocation Grant Request

NON-LITIGATION CERTIFICATE

By signing below, I _____ on behalf of _____,
hereinafter Company, do hereby certify that Company has not within the past three (3) years been a party and is currently not a party to any actual or threatened litigation, mediation or arbitration arising out of performance of any contract with any local, state or federal government entity.

Dated this _____ day of _____, 20_____

Company Name

By: _____
Name

Printed Name of Authorized Representative

Title: _____

Date: _____