

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Chief Financial Officer
Office of Tax and Revenue



TAX CERTIFICATION AFFIDAVIT

THIS AFFIDAVIT IS TO BE COMPLETED ONLY BY THOSE WHO ARE REGISTERED TO CONDUCT BUSINESS IN THE DISTRICT OF COLUMBIA.

Date

Name of Organization/Entity
Business Address (include zip code)
Business Phone Number(s)

Principal Officer Name and Title
Square and Lot Information
Federal Identification Number
Contract Number
Unemployment Insurance Account No.

"I hereby authorize the District of Columbia, Office of the Chief Financial Officer, Office of Tax and Revenue; consent to release my tax information to an authorized representative of the District of Columbia agency from which I am seeking to enter into a contractual relationship. I understand that the information released under this consent will be limited to whether or not I am in compliance with the District of Columbia tax laws and regulations as of the date found on the government request. I understand that this information is to be used solely for the purpose of determining my eligibility to enter into a contractual relationship with a District of Columbia agency. I further authorize that this consent be valid for one year from the date of this authorization."

I hereby certify that I am in compliance with the applicable tax filing and payment requirements of the District of Columbia.

The Office of Tax and Revenue is hereby authorized to verify the above information with the appropriate government authorities. The penalty for making false statements is a fine not to exceed \$5,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code § 47-4106.

Signature of Authorizing Agent

Title

Attachment A

Bid Form

See Microsoft Excel Document

**DCAM-16-NC-0068 - BID FORM ATTACHMENT A - ON-CALL GARAGE DOOR,
ROLL-UP & OVERHEAD DOOR INSPECTION, MAINTENANCE & REPAIR
SERVICES.xlsx**

Disclosure Statement

The Offeror and each of its principal team members, if any, must submit a statement that discloses any past or present business, familiar or personal relationship with any of the following individuals:

D.C. Department of General Services

Christopher Weaver	Director, Chief Procurement Officer
Latrena Owens	Chief of Staff
Camille Sabbakhan	General Counsel
Carlos Sandoval	Supervisory, Attorney Advisor
Spencer Davis	Deputy Director, Facilities Management
Yinka Alao	Associate Director, Contracts & Procurement

A. Please identify any past or present business, familiar, or personal relationship in the space provided below. Use extra sheets as necessary.

B. Please identify any past or present business, familiar, or personal relationship in the space below. Use extra sheets if necessary.

This is to certify that, to the best of my knowledge and belief and after making reasonable inquiry, the above represents a full and accurate disclosure of any past or present business, familiar, or personal relationship with any of the individuals listed above. The undersigned acknowledges and understands that this Disclosure Statement is being submitted to the False Claims Act and that failure to disclose a material relationship(s) may constitute sufficient grounds to disqualify the Offeror.

OFFEROR:

By: _____

Name: _____

Title: _____

Date: _____

Attachment B

Disclosure Statement

Attachment C

Tax Affidavit

Attachment D

Subcontracting Plan Form

Attachment E

2015 Living Wage Act Notice & Fact Sheet

Attachment F

First Source Employment Agreement Form

Attachment G

Service Contract Act Wage Determinations

Attachment H

Award/Signature Page