ATTACHMENT B

RESPONDANT'S CERTIFICATION

NOTE: THIS PAGE MUST BE INCLUDED WITH YOUR RESPONSE

I, the undersigned, by signing the following statement agree that I have read and understand all of the instructions, specifications, and terms and conditions contained on each page of this Request for Proposals. I also understand that if this response is accepted by the Association of South Central Oklahoma Governments that all of the instructions, specifications, and terms and conditions submitted in my response and any additions, changes, or deletions made during negotiations will be made a part of this response under a binding Contract between my company and ASCOG. I also certify that this response is made without previous understanding, agreement, or connection with any person, firm, or corporation making a response for the same materials, and is in all fair and without collusion or fraud:

Our company is a **(Check One):**

Corporation _____(The response MUST be signed by an Officer of the company)

Partnership _____(The response MUST be signed by a General Partner)

Joint Venture _____(The response MUST be signed by an Officer of the company)

Sole Proprietor _____ (The response MUST be signed by the Owner)

Compensation requirements:

Any compensation paid to the Respondent concerning the products and services should be outlined in detail in the response on a page immediately following the Respondent's Certification. The undersigned agrees not to accept remuneration or commission from any other source for any services related in the response.

AUTHORIZED COMPANY REPRESENTATIVE PLEASE SIGN BELOW:

NAME (TYPED/PRINTED): _____

SIGNATURE: _____ DATE: _____

[Your signature attests to your offer to provide the goods and/or services in this response according

to the published provisions of this Request for Proposals. Contract is not valid until response/Contract is approved by ASCOG. When an award letter is issued, it becomes a part of this contract.]

[Appropriate Acknowledgment must be completed]

CORPORATE ACKNOWLEDGMENT: RFP FOR the LAWTON-FORT SILL JOINT LAND USE STUDY

THE STATE OF _____§

COUNTY OF _____ §

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared:

_____ _____

(Print Name) (Print Title)

of the corporation known as , known to me to be the person and officer whose name is subscribed to the foregoing instrument and acknowledged to me that the same was the act of said corporation, that he or she was duly authorized to perform the same by appropriate resolution of the board of directors of such corporation and that she or he executed the same as the act of such corporation for the purposes and consideration therein expressed, and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the ___ day of _____2016.

_____ Notary Public In and For _____County,

My Commission expires:

SOLE PROPRIETORSHIP ACKNOWLEDGMENT FORM: RFP FOR LAWTON-FORT SILL JOINT LAND USE STUDY

THE STATE OF _____ §

§

COUNTY OF _____ §

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the ____ day of _____2016.

_____ Notary Public In and For _____County,

My Commission expires:

PARTNERSHIP ACKNOWLEDGMENT FORM RFP FOR LAWTON-FORT SILL JOINT LAND USE STUDY

THE STATE OF _____ §

§

COUNTY OF _____ §

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day appeared:

_____ _____

(Print Name) (Print Title)

of a partnership, known to me to be the person and partner whose name is subscribed to the foregoing instrument and acknowledged to me that the same was the act of the said partnership, and that he or she was duly authorized as a partner of such partnership to perform same for the purpose and consideration therein expressed, and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the ___ day of _____2016.

_____ Notary Public In and For _____County,

My Commission expires: