**Project Name:**

**CONFLICT OF INTEREST CERTIFICATION**

I state that I am (Title) of \_\_(Company Name)\_ and that I am authorized to make this affidavit on behalf of my company, and its owners, directors, and officers. I am fully informed of the preparation and contents of the attached proposal.

I hereby certify that relevant personnel from \_(Company) have reviewed the scope of work of the referenced ALCOSAN RFQ/RFP and understand its contents. I also certify that no real or potential, Personal or Corporate conflict of interest exists with (Company) under this procurement.

I understand that a conflict of interest may arise over the period of this procurement. \_(Company) shall notify ALCOSAN in writing of any financial interest, personal activity, or relationship that could impair the Company’s ability to act impartially and in the best interest of ALCOSAN when performing under the contract.

\_(Company)\_ its affiliates, subsidiaries, officers, directors or employees do not currently perform any work which may result in a potential or real conflict. Nor is\_(Company) or any of its employees under the investigation by any governmental agency and have not in the last four years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving a conflict of interest with respect to proposing and/or bidding on any public contract, except as follows:

I state that \_(Company) understands and acknowledges the above representations are material and important, and will be relied on by the Allegheny County Sanitary Authority in awarding the contract(s) for which this proposal is submitted. I understand and \_(Company) understands that any misstatements in this Certification is and shall be treated as fraudulent concealment from the Allegheny County Sanitary Authority of true facts relating to the submission of proposals for this contract.

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

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

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

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